Lectures

INTRODUCTORY TO THE STUDY OF DISEASES OF THE SKIN.

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LECTURE I.

ON THE THERAPEUTICS OF DISEASES OF THE SKIN.

GENTLEMEN,—I shall not content myself at this time with a mere enumeration of the remedies which are of service in the treatment of diseases of the skin, as is so often done—for such a course is practically of little use; nor, on the other hand, shall I attempt an exhaustive account of them: my remarks are intended to be suggestive only, and I must leave the filling in of the picture to your own subsequent experience.

A great deal has been written with regard to the danger of suddenly "driving in" an eruption; but while I am not prepared to deny that its sudden disappearance, in the case of one of the eruptive fevers for example, is in no instance prejudicial, I am quite convinced that there is very little reason to dread such an occurrence. The idea has in part arisen from the fact that an eruption on the skin generally disappears if the patient is seized with any severe internal malady, in which case the result is mistaken for the cause. Some time ago, while in attendance upon two children for very severe attacks of chronic eczema affecting the greater portion of their bodies, one of them took measles, and two or three days thereafter the eczematous eruption had almost disappeared. In a few days the other child fell ill of the same complaint, and in her case, too, the eczematous eruption quickly vanished. There could be no doubt that these children were affected with measles, for, while it was difficult to make out the characteristic eruption on their skins, owing to the existing eczema, their younger brother presented about the same time all the characteristic symptoms of measles. When the disease had run its course in the case of the two first-named children, the eczematous eruption gradually but perseveringly returned, a circumstance which unfortunately happens in the great majority of cases. Had the intercurrent disease been an inflammation of an internal organ, instead of a specific fever, its occurrence would likely have been attributed to the disappearance of the eczema. It is to be feared that the mistake is also in some measure to be traced to the unmerited neglect of the study of diseases of the skin by the medical profession, the resulting inability to grapple with them successfully, and the consequent temptation to evade the difficulty by the plausible excuse that danger might accrue from any attempt to cure them quickly by driving them inwards. When you become practically acquainted with the treatment of these complaints, I think you will find that the difficulty lies, not in curing them sufficiently slowly, but in curing them with sufficient rapidity.

In the treatment of diseases of the skin, as of most other complaints, it will be found that there are often different ways of arriving at the same goal. In Germany, especially in Vienna, local treatment is principally relied upon, while in England it appears to me that constitutional treatment is too exclusively resorted to. Some diseases of the skin are best treated by local, others by constitutional treatment, while a few may be cured by either, but the majority of them yield most readily, and are removed most permanently, by a mixed local and constitutional treatment.

A. *Local treatment.*—Local treatment is *especially applicable to eruptions dependent upon local causes*—is, indeed, the only treatment in most cases which is of any use. In scabies, for example—i. e., the disease due to the presence of the itch insect,—external treatment suffices for a cure, it being unnecessary, as suggested by Wilson* and others, to prescribe sulphur internally. Frequently, however, in cases of eczema for example, an eruption is called forth by a local cause, which would have failed in producing such a result had there not been some constitutional derangement. Such cases require a mixed treatment.

On the other hand, it must be borne in mind that *many eruptions originally dependent upon constitutional causes become ultimately mere diseases of the skin*, the constitutional cause having disappeared, and the eruption being perpetuated owing to the skin having, so to speak, contracted a bad habit. We see this occasionally, for example, in young adults affected with chronic eczema which had begun in infancy; and in such cases a local treatment often yields the most satisfactory results.

We must not, however, lose sight of the fact that *local applications have not a merely local action*—that they are absorbed, and often react on the system at large. In the case of mercury this is admitted and acted upon; in the case of many other drugs it may be admitted in the abstract, but it is seldom taken into account. For instance, it occasionally happens that when a preparation of tar is rubbed firmly over an extensive surface, indications of its absorption are not wanting. The patient may be seized with nausea, vomiting, and diarrhœa, the discharges from the stomach and bowels having a black colour, while the urine may have a dark-green or even blackish tint, and emit a tarry odour. It is not usual for all these symptoms to be present in a given case, but the occurrence of any of them is sufficient to show that the remedy has not a mere local action.

Lastly, let me warn you that *local applications are far from uniform in their action*; this being due in part, no doubt, to the state of the general health, the varying sensibility of the skin, and the degree of care with which they are prepared. It is of special importance to ensure the careful preparation of ointments; for if they are the least gritty or rancid they are very apt to prove injurious.

If the affected surface is covered with scales or crusts, or débris of any kind, it is almost always desirable to remove them at the outset. This is often necessary for purposes of diagnosis, for otherwise we can only guess at the condition of the parts beneath: it is still more important previous to treatment, for otherwise local applications cannot reach the diseased surface whose condition they are intended to modify. The removal of crusts is a very easy matter, and may be effected in various ways. I usually order the patient to saturate the parts thoroughly with almond oil, and to remove the crusts thus softened with warm water. Should this fail, a poultice of crumb of bread and hot almond oil may be applied at night, and if they do not come away with the poultice in the morning, the part may be lubricated with fresh almond oil, and the crusts removed about half an hour afterwards with the finger-nail, or, if the disease is on hairy parts, with the comb. The removal of scales—in cases of psoriasis, for example—is often satisfactorily accomplished by the use of potash applications, to which reference will be made hereafter.

Leaving out of view for the present the exact nature of the eruption (i. e., whether syphilitic, simple, strumous, parasitic, or the like), the first point to decide, before treating an inflammation of the skin, is *whether the eruption is acute or chronic*—that is to say, whether it requires soothing, or will tolerate stimulating applications.

If the surface is acutely inflamed, if it is the seat of a copious eruption of vesicles or pustules, if there is much swelling, and, above all, if the patient complains of burning heat or pain rather than of itching, local treatment should either be avoided altogether or soothing applications resorted to. To this as to most rules, however, there are a few exceptions. In Tinea sycosis (ringworm of the beard), for instance, when the part is greatly swollen and indurated, the seat of numerous pustules, and the source of burning heat and pain, the best treatment consists, not in the use of soothing applications, but in the extraction of the hairs. In this case the treatment is decidedly stimulating; but the stimulation is more than counterbalanced by the soothing effect of removing hairs which are diseased, which are loaded with the spores and tubes of the fungus, and which are acting as foreign bodies.

* On Diseases of the Skin. Sixth Edition. pp. 222. London: Churchill, 1867.

Soothing applications may take the form either of baths, powders, poultices, ointments, or lotions.

Baths are often serviceable, especially warm baths, to which a little washing soda, a pound of gelatine, or a few handsful of starch have been added. They are particularly useful in inflammations affecting a large extent of surface; in cases of acute general psoriasis, for example.

Benefit is sometimes derived, too, from *hydropathic treatment*, which I am in the habit of administering thus:—"On a firm mattress a sheet of M'Ghie's oil-paper or other material, to prevent the wetting of the mattress, is placed; then a couple of straps are laid across the bed; above this a dry blanket is spread out; and, finally, a sheet wrung out of cold water. The patient in a state of nudity is made to lie down on this; and it is then wrapped tightly and carefully round him, so that every part of the skin is, if possible, in contact with it, and the blanket is similarly applied. The whole is then kept in position by the two straps, and the patient is covered by two or three blankets thrown loosely over him. In this state he is allowed to remain for two or three hours, during which time he is allowed to drink water *ad libitum* to promote perspiration; and the process is completed by making him jump into a cold bath, and then dress himself and take a sharp walk." This treatment is of value in acute general psoriasis associated with great heat of skin; it is sometimes useful—nay, even curative—in chronic general psoriasis, and relieves irritation of the skin when present in a very marked manner. It may, therefore, be repeated daily, and continued as long as improvement takes place.

The *shower bath* sometimes yields good results. It may even remove the eruption altogether, but it is chiefly of benefit as a palliative for the relief of uneasiness, in sevtre cases of acute and chronic eczema for example. The waer should be finely divided—should fall from the height of about a foot, and the shower should be continued on each occasion from five to fifteen minutes. The bath may be repeated three or four times a day, and the patient should take brisk exercise for half an hour after each.*

Before leaving the subject of the treatment of diseases of the skin by water it may be well to caution you to warn your patients against the use of hard or of sea water, which is very apt to bring out, or to aggravate an existing inflammation. Spring water is generally hard, and therefore to be avoided, while distilled, or rain water, is always to be preferred when it can be had; if not, the water should be boiled so as to cause a deposit of its salts before it is used.

Absorbent powders are sometimes of use when we have to deal with an acute inflammation, such as erysipelas or shingles, and also when there is a tendency to moisture, and when it is desirable to keep the parts dry, as when we have to do with an eczematous eruption implicating portions of skin which are in apposition. Those which I am most in the habit of using are: Powdered starch, zinc, lycopodium, talc, carbonate of magnesia, and carbonate of zinc. These may be combined in various ways, and when burning heat or itching is complained of, a little camphor may be added, as in the following prescription:—Powdered starch, six drachms; oxide of zinc, three drachms; cochineal, one grain; powdered camphor, half a drachm: make into a powder. Dusting powder, to be kept in a stoppered bottle.

Poultices are often of value for the relief of pain or tension, or to hasten suppuration when it is impending; but it must never be forgotten that their long-continued use is a source of inflammation. Thus they are apt to call forth eczematous eruptions, especially in persons predisposed thereto; and most of you must be familiar with the fact that their incautious application in the treatment of boils favours the development of others in the vicinity.

Soothing ointments are more universally applicable than any of the preceding, although, in some cases, even the most emollient and most carefully prepared, owing to some idiosyncrasy, cannot be tolerated. They are used to soften and favour the removal of crusts and other débris, but, above all, to form a covering for and protection to the inflamed parts, and thus to exclude the air. One of the best of these is the benzoated oxide of zinc ointment (so prominently brought before the profession and so justly lauded by Wilson), and which is much improved by the addition of two drachms of spirit of camphor to each ounce of the ointment, being thus rendered softer and at the same time more cooling. The benzoin in the zinc ointment prevents it from becoming rancid and irritating, while at the same time it imparts to it a certain fragrance.

Another very soothing ointment is one containing bismuth, as in the following mixture: subnitrate of bismuth, half a drachm; rectified spirit, a drachm and a half; simple ointment, six drachms; oil of roses, half a minim. You must avoid using benzoated lard in this prescription, for while the benzoin in the zinc ointment, for reasons which I cannot explain, does not irritate, it is apt to do so in some persons when combined with other medicaments, such as bismuth.

A very good ointment, too, though not so soothing, is made from litharge plaster and olive oil, as follows: litharge plaster, four drachms; best olive oil, three drachms. Apply heat until the plaster is melted, then stir till the mixture cools. This ointment, spread on strips of linen and applied in the form of a "scultetus," is very soothing, and gives support to the parts in cases of acute eczema of the legs.

Soothing lotions are sometimes of service for the relief of uneasiness; indeed they are not unfrequently curative—in cases of acute eczema impetiginodes of the face, for example. Those containing lead and soda are amongst the best, and may be used in the following forms: (*a*) Solution of subacetate of lead, one drachm; glycerine, four drachms; distilled water, six ounces. (*b*) Dilute hydrocyanic acid, two drachms; bicarbonate of soda, one drachm; glycerine, four drachms; rose-water, five ounces and a half. The parts should be frequently sponged with these lotions, or pieces of clean rag dipped in them may be kept constantly applied.

* On Diseases of the Skin, including the Exanthemata. By Ferdinand Hebra, M.D. Vol. ii., p. 147. Sydenham Society's Translation.

SOME PROPOSITIONS ON HOSPITALISM.

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(*Continued from page* 538.)

WHY IS HOSPITALISM DANGEROUS TO THE SICK?

SEEING, as we have in the last proposition, that pyæmia and its allied affections form the main sources of death in hospital patients after limb-amputations, and that this class of diseases is, as stated by Mr. Holmes and others, the consequence of defective hospital hygiene, or the result of hospitalism, let us try briefly to inquire *how* the aggregation of invalids within an hospital leads to the frequent production of this and other forms of surgical fever in surgical wards; while they are relatively so rare in country and private practice, where the patients are separate and isolated.

There exists, I think, evidence on this question tending to show that the constitution of the surgical patient in surgical wards is liable to be endangered sometimes by the influence of morbific contagious materials from the bodies of the other inmates, though the blood-poisoning which leads on to pyæmia is generally produced by the inhalation of organic and other materials which usually exist in the air of hospital wards, but which are not contagious. Besides, the aggregation, or compression into a limited dwelling-place like an hospital ward, of men even in a state of relative bodily and physical health, leads to some danger by hospitalisation, and renders the mortality among them higher than when the same class of men are lodged in separate and private dwellings.

PROPOSITION XIX.—*Surgical patients in surgical wards seem sometimes to have pyæmia or surgical fever induced by the accidental inoculation of the morbific secretions formed in the bodies of other patients previously affected.*

The obstetric physicians of Great Britain generally agree, I believe, as to the occasional spread of puerperal fever in this mode from the affected to the healthy by the unhappy and indirect medium of the physician, nurse, &c., as well as by contagious miasmata. The great liability to the occurrence of this dire malady renders the consideration of the

proper dimensions and construction of a lying-in hospital not a mere problem of space and size, but of adequate isolation also for the individual inmates. It is hence, with regard to obstetric hospitals, a question of contagion as well as a question of crowding. Surgeons seem, however, to consider the production of pyæmia by contagion, direct or indirect, as far more rarely a cause of surgical than it is acknowledged to be of puerperal fever. In some observations which I published several years ago upon the various analogies of puerperal and surgical fever, I suggested the occasional spread of the latter disease by means of occasional contagion and inoculation (see *Edinburgh Monthly Journal of Medicine* for November, 1850); but the matter has hitherto attracted little attention from our hospital surgeons.

There are, perhaps, other modes in which the blood becomes more frequently vitiated in surgical wards, so as to lead on to the production of pyæmia. For we may hold the following as a more established proposition.

PROPOSITION XX.—*The air breathed by patients aggregated in surgical wards becomes sometimes morbific and dangerous by its containing various inorganic and organic materials, and by the inmates mutually vitiating it more or less by the exhalations and excretions from their wounded, ulcerating, and sick bodies.*

In treating of the insalubrity of surgical hospitals and wards, Baron Larrey observes: "The danger of surgical operations depends upon the vitiation of the atmosphere, especially during the night. The natural excretions of the sick, the breath, the fetid perspirations, the expectorated matter, the intestinal and urinary evacuations, the suppurations from wounds and ulcers, and sometimes the putridity of mortification or of hospital gangrene, are so many sources or foci of contamination; without counting the odours of medicine, tisanes, and poultices, the evaporation from liquids, the emanations from the soil, from the oil or gas used for illumination, from the bed-linen, and from the too closely situated or badly constructed latrines."

The air of surgical and hospital wards contains, according to later observations, various materials additional to those mentioned by Baron Larrey. "The extent," observes Mr. Simon, writing in 1864, "to which organic matter may be present as floating dust in such atmospheres as that of an ill-ventilated hospital ward is only beginning to be recognised;" and he adduces the evidence of Dr. Thomson and Mr. Rainey as to epidermic scales and minute hairs, vegetable fibres and starch granules, and living forms, both animal and vegetable, vibriones and the mycelia of fungi, having been found floating in the air of the cholera ward of St. Thomas's Hospital. These bodies, with bacteria, &c., have latterly been detected abundantly in the atmosphere of other hospitals and crowded dwellings, and especially by Drs. De Chaumont, Frank, Hewlett, and other medical officers of the English army. Pasteur, Gratiolet, Lemaire, and others maintain that the atmosphere is full (especially in localities where, as in hospitals, the air is otherwise impure and tainted) of living spores and germs of various infusoria, &c., which, when they find a proper nidus, lead on by their development to fermentations, putrefaction, suppurations, &c.

Lately, in the air of a prison, Lemaire detected various round or oval bodies of the same form as, in uncleanly persons, exist in the sweat. M. Pouchet states that he has discovered abundance of organic débris in the air; and Chalvet found in the wards of St. Louis Hospital, at Paris—what Revert had previously found at the Lariboisière—namely, floating organic matters in the surgical wards; and more in them than in the medical wards. The extent to which epithelial and other cells contribute in forming the organic matter in badly cleaned hospitals is shown by the dust collected in the wards of St. Louis, this dust being found to contain in one experiment 36 per cent., and in another 46 per cent. These organic ingredients of the hospital-dust give out an odour of horn when burnt, and a fetid, putrid smell when moistened and allowed to decompose. When lying on the floor of the ward, this organic powder can be readily lifted by the passing draughts of air, and by the force of evaporation of water.

Dangers occasionally seem to exist in other directions. "The walls and floors of hospitals," writes Dr. Parkes, "absorb organic matters, and retain them obstinately; so that in some cases of repeated attacks of hospital gangrene in a ward it has been found necessary to destroy even the whole wall;"* and "the bedding and furniture also absorb organic substances, and are a great cause of insalubrity."

Some years ago it was announced by Eiselt that pus-corpuscles existed in the air of a ward at Prague in which ophthalmia was prevailing; and Stromeyer, Dr. Parkes, and others hold that in erysipelas, hospital gangrene, &c., dried and disintegrating pus-cells and putrefying organic particles pass into and float in the atmosphere. All these various ingredients, when floating in the air, are of course liable to be inhaled, and some of them absorbed after inhalation, by the patients in the wards.

Important results, both in a pathological and hygienic point of view will, probably, ere long result from the more elaborate pursuit of this class of inquiries. Through the inhalation of such materials floating in the atmosphere, or in some such way, in all probability "certain diseases," remarks Dr. Parkes, "are propagated; the dried substance—as, for example, the evacuations of cholera or dysentery—floating through the air, and being finally swallowed or inhaled into the lungs. The specific poison of small-pox derived from the skin; of scarlet fever derived from the skin, throat, and urine (?); of measles derived from the skin and lungs (?) &c., must also be molecular organic matter, or even formed corpuscles, though as yet they have not been recognised."

It is well known, both from observation and experiment, that when once any such ingredients exist in the atmosphere, they are, in consequence of the laws of the diffusion of air and gases, so swiftly spread as speedily to travel through an hospital ward, and also into any adjoining passages, corridors, or staircases, — and even into the distant wards or rooms. This fact might be variously illustrated; but I shall content myself with citing one example as sufficient to enforce the remark. Some time ago an empyema, containing very fetid pus, was opened in a ward towards the end of the long corridor, or gallery, in the gigantic hospital at Netley. The smell from this putrid pus diffused itself along the corridor, so that, as I am informed by Dr. Parkes, it was ere long felt and complained of in rooms or wards up to five hundred feet distant on one side. But there are morbific and probably organic materials far more subtle, inscrutable, and deadly than merely bad aromas; as the contagious and malarial entities capable of producing typhus fever, scarlatina, ague, &c.

Every human being seems to exhale from his body an aroma, so far individually distinct that the dog can trace by it the footsteps of his master. "*More* organic effluvia," to quote Dr. Parkes's words, "are given off from the bodies and excretions of *sick* men."† When two sick men are laid down in the same room, there is always a chance—slight in many cases it may be—of one of them deleteriously affecting in this way, by his exhalations, the bodily state of the other. When a sick or wounded patient is placed in a room or chamber by himself all such mischances from others are averted; and hence the advantages of perfect isolation of the sick. The danger, however, on the other hand, no doubt multiplies as the number of patients aggregated together is increased. In a ward of ten patients there is, *cæteris paribus*, a greater likelihood of harm than in a ward of two, and that specially on account of two reasons. For, first, they are all respiring the air mutually deteriorated by the whole increased number of sick; but secondly, and chiefly, there is every chance that among this increased number of sick there may be one invalid, if not more, whose corporeal exhalations infect and pollute the air of the ward—and consequently the air breathed by the other sick inmates of the ward—in such a manner or in such a degree as, when long inspired, to be specially and specifically dangerous to the health and constitutions of one or others of the neighbouring patients. The hazard from this cause necessarily increases with the increased number of sick persons in a ward; and consequently, also in an hospital under one roof, and whose wards all more or less intercommunicate by passages, corridors, &c.; for the hospital comes in this case to be, as far as the intermixture of its whole atmosphere is concerned, only one

* See Dr. Bristowe and Mr. Holmes's account of one of the wards of old St. Thomas's Hospital, where pyæmia persisted and returned in spite of the emptying of the ward, painting of the walls, &c.—p. 593.

† See his admirable Manual of Practical Hygiene, p. 323.

enormous and gigantic chamber. Suppose, for the sake of illustration, that there is a risk of danger in a ward of ten invalids, from the polluting and morbific exhalations proceeding from the diseased body of one of the ten,—then, in a ward, or series of communicating wards, containing, say, fifty patients, we may very roughly and conjecturally estimate that five out of the fifty will be similar sources of perilous deterioration and vitiation of the general atmosphere; in an hospital of one hundred beds, there may be ten such special centres; in an hospital of two hundred beds under one roof, twenty similar nuclei of infection; and in one of five hundred beds, fifty such sources of danger and disease to the included inmates. The effect of special vitiations of the air mutually produced by different patients has not, of course, it must be further observed, necessarily the same influence upon all. The effects of these and other etiological poisons vary with the susceptibility and state of predisposition of those who are subjected to them. An atmosphere full of typhus poison does not by any means strike down all that breathe it. Nor does exposure to air full of malarial poison produce ague in all exposed to it; and again, occasionally, when it causes ague in some, it creates—according to their condition of predisposition—dysentery in some, sickness and headache in others, &c. What special varieties or forms of hospital poison produce, when inhaled, pyæmia, has not yet been fully established by surgical science; nor are we at all aware of the special predispositions in patients which enable these poisons to develop the disease. The inquiry is one full of moment, both in itself, and in reference to the occasional though far rarer appearance of pyæmia in private as well as in hospital practice.

EFFECTS OF HOSPITALISM ON HEALTHY MEN.

In hospitalising men, or in aggregating them into well-filled rooms, wards, hospitals, and the like, we decrease their health-rate and increase their death-rate, even though the men thus hospitalised are comparatively in a state of good corporeal or physical health. I allude to the matter as showing that, in despite of some of the special evil influences of hospitals above adduced, the mere aggregation of men together in hospital and hospital-like establishments is attended with deleterious effects to health and life.

This circumstance has been more than once challenged in the pages of THE LANCET during the course of the present year. But of its truth there cannot, I believe, be any reasonable doubt. As shown by Dr. Farr of London, Dr. Duncan of Liverpool, and Dr. Gairdner of Glasgow, the average mortality of our country and town districts, of our cities and their more crowded districts, increases with marked regularity according to the density of the inhabiting population. When men are in numbers aggregated or compressed into rooms, or wards or hospitals, the same law, in a marked measure, overrules the result. For example, when soldiers—men in the prime of life, and selected for their healthy constitutions—are shut up in crowded barracks, they begin to suffer and die in numbers disproportionate to the civil population—chiefly from phthisis and typhoid in this country, and from fever, cholera, and dysentery in India. The different Government commissions which have made inquiries into the health of the British troops in barracks leave no doubt on this point as one cause of the otherwise unaccountable mortality in our army. In treating of the subject of barracks, Professor Parkes observes (p. 304): "At all times the greatest care is necessary to counteract the injurious effects of compressing a number of persons into a restricted space. In the case of soldiers the compression has been extreme.....No expense," he adds, "has of late years been spared, but yet the fact remains that the very habitations erected for their shelter and comfort have proved to the soldiers a source of suffering and death." *

From these and similar data it might be reasonably argued and inferred that hospitalisation, or the compression of a number of persons, even in health, within a given house, dwelling, or ward, would be, in itself, more or less prejudicial to their health and life. But there is one piece of evidence on the question, more precise perhaps than the preceding, and which I may throw into the form of another proposition.

PROPOSITION XXI.—*The residence in hospital wards of men in a state of relative bodily health is attended with a loss of life markedly greater than when the same class of men are not thus hospitalised, but allowed to reside in private cottages and dwellings.*

The evidence in proof of this statement is as follows:—The Board of the Commissioners in Lunacy for Scotland have for some years past allowed pauper chronic lunatics, chiefly dements and idiots, who were mentally incurable, and beyond all hope of treatment from detention in a lunatic asylum, to be, for the sake of economy and other reasons, removed from asylums, and lodged either—1, in lunatic wards attached to poor-houses; or 2, in the houses of peasants and others, with whom they are boarded, usually at a small expense. Above 1600 are thus resident in private dwellings, and above 500 in the lunatic wards of poor-houses in Scotland. These two classes of incurable lunatics are, I am informed, similar in all essential points, as far as a comparison of their health-rates and death-rates is concerned. Of the chronic lunatics resident in the wards of poor-houses, 8·5 per cent. died annually, on an average from the years 1861 to 1867 inclusive. Of the chronic lunatics resident in private dwellings, there died annually, on an average during these same seven years, 5·6 per cent. In other words—

In private dwellings, 56 in 1000 die annually.
In lunatic wards, 86 in 1000 die annually.

The mortality among these pauper patients in private dwellings is thus seen to be much less than among patients in establishments. Yet the latter, or those lodged in the parochial asylums of poor-houses, and among whom the greater yearly mortality steadily occurs, are more carefully tended than the former, because all the rules for their management are under more immediate official control. Careful rules have been laid down in order to ensure their comfort, cleanliness, good feeding, and proper clothing. They are, however, *hospitalised*; whilst the 1600 amongst whom the lesser yearly mortality occurs are not hospitalised, but are boarded out in the families of the peasantry and the poor, and are scattered over various districts of the country. In speaking of the respective treatment of these hospitalised and unhospitalised lunatics, and of the marked difference of mortality between the two classes, the Commissioners in Lunacy observe: "We can offer no explanation of this fact beyond the conjecture that the manner of living in private dwellings, involving, as a rule, greater freedom and greater variety, and the respiration of an atmosphere less loaded with animal exhalations, more than counterbalances the advantages which better diet, better clothing, better bedding, better housing, and greater cleanliness might be supposed to convey" to the lunatics lodged in parochial asylums, as compared with those permitted to live in private dwellings.

The important question remains—In what form or forms, then, should our hospitals be built?—and how can the existing hospitals be best altered so as to make them more salutary for their inmates?

(To be continued.)

* In the case of cavalry horses, where the question is more simple than in the case of soldiers, in consequence of the "absolute similarity, in different places, of their food, water, exercise, and treatment," the effect on health and life in these animals from diminution of numbers in the stables, and increased ventilation and cleanliness, has proved very striking. See Dr. Parkes's Treatise, p. 84. "In cowhouses and kennels," he adds, "similar facts are well known; disease and health are in the direct proportion of foul and pure air."

LIGATURE OF THE EXTERNAL ILIAC ARTERY.

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(Communicated by the Director-General of the Navy Medical Department.)

JOSEPH L——, aged twenty-six, corporal, R.M.L.I., serving in H.M.S.'s *Indus*, a man of spare but healthy aspect, was received into hospital on the 15th July, 1869, with an aneurismal tumour in the right groin.

He had been under treatment in the summer of 1868 at the Royal Naval Hospital, *Haslbowline*, under the care of Staff-surgeon Dr. William Loney, for a popliteal aneurism of the same side, apparently spontaneous in origin, and

cured by instrumental compression of the femoral artery. This treatment was commenced by Dr. Loney on the 13th April, and the man was discharged cured on June 23rd following. And now he applied to his surgeon for his present affection, which he first observed about fourteen days previously after a "severe strain" caused by a fall with the leg behind.

He has always been a steady, temperate man; has never suffered from rheumatism or constitutional syphilis, but has had syphilitic sores on penis, and a suppurating bubo in the right groin. He has also suffered for the last two years from dyspnœa and palpitation, on using any violent exertion.

On examination, an elongated pulsating tumour, of the size of a pigeon's egg, was found in the right groin, immediately behind and beneath Poupart's ligament. The pulsations are evident to the eye as well as to the hand, and convey to the latter the expansive pulsation indicative of true aneurism. A strong bellows murmur synchronous with the arterial pulse can be heard with the stethoscope. The tumour is soft, and can be materially diminished in size by direct pressure or compression of the artery above, which latter effectually controls its pulsation. It is covered by a mass of indurated glands, and the skin immediately over it is marked by an old cicatrix, but is of the natural colour. The patient states that he suffers little or no inconvenience from it, and there is no œdema of the leg. There is no trace of any remains of the popliteal aneurism, nor can the artery in that situation be felt to pulsate. The superficial femoral in Scarpa's space can be felt to pulsate but very feebly. A stethoscopic examination of the heart shows an increase of impulse, with a marked systolic bruit at the apex. Ordered rest in bed, the thigh to be flexed on the pelvis, and raised by a pillow; a bag of equal parts of powdered ice and salt to be applied to the tumour, and a cathartic enema administered.

July 16th.—11.30 A.M.: Bowels freely opened. The nature of the case was explained to the patient, and digital compression ordered, to be kept up by a male nurse, relieved every quarter of an hour. Eight nurses were told off for this purpose, and instructed carefully in the compression of the external iliac artery, one inch and a half above Poupart's ligament. The compression was directed to be suspended one hour in six.

18th.—5 P.M.: The digital compression has been carefully kept up as directed since last report, but it has been found very irksome by the patient, who has, however, slept a few hours last night under the influence of a full opiate. (It was intended to keep the patient under the continued influence of chloroform, but its prolonged use was found to produce so much cardiac irregularity that it was not considered safe to pursue it.) On examination, the tumour is considered to be harder, and with less impulse and bruit, without diminution in size. A Signorini's clamp was now adjusted, and the external iliac artery effectually compressed by it in the same situation. This the patient is delighted with, and says he can easily bear it.

26th.—The pressure of the clamp has produced considerable irritation of the skin (which in the patient is naturally thin and delicate), although it has been shifted occasionally upwards and downwards. The compression by it has been kept up steadily since last report, with a respite, as with the digital compression, of one hour in six; but there is no material improvement in the aneurismal tumour. A carbuncle has formed immediately above the external inguinal ring, the effects of compression, and the surrounding skin is red and inflamed. The patient's general health also begins to suffer from anxiety and irritability. It was therefore determined, on consultation, that the external iliac artery should be tied.

27th.—11.15 A.M.: The large intestine having been well cleared out by an enema, the patient was laid on the operating table, in the semi-supine position, the affected thigh being partially flexed on the pelvis, and supported by a pillow. He was then placed under the influence of chloroform, and the operation determined upon performed by me, as follows:—An incision was made from about an inch to the inner side of the anterior superior spinous process of the ilium downwards and inwards, in a somewhat semilunar direction, to the outer margin of the external inguinal ring. The skin and superficial fascia being divided to the extent of about four inches, the tendon of the external oblique muscle was pinched up by the forceps, nicked horizontally, and then divided upwards and downwards, on a director, to the extent of the external wound. The internal oblique and transversalis muscles were now very carefully divided, and the white transversalis fascia readily shown. This latter was picked up by the forceps at about the centre of the wound, cut horizontally with the knife, and divided on a director upwards; the left forefinger was now introduced beneath, and by it the fascia was carefully separated from the subjacent peritoneum downwards to the lower extremity of the wound, and divided. The peritoneum, uninjured, was carefully separated by the hand from the iliac fascia, and, with the intestines, kept back by a wooden retractor. The artery was readily felt at the bottom of the wound. The sheath was carefully detached by the finger and forceps, the vein separated by the former, and an armed aneurismal needle readily passed from within outwards, round the vessel, which was distinctly brought into view. This was then secured by a strong silk ligature, which had been soaked for two hours previously in a solution of carbolic acid in oil (1 in 5), and both ends brought out of the wound. All pulsation in the tumour, which became evidently smaller, immediately ceased. The wound was then sponged out with a solution of carbolic acid and water, its lips brought together by several interrupted silver-wire sutures, introduced deeply, so as to include the divided muscles, and a piece of lint, soaked in a solution of carbolic acid, protected by oiled silk, placed on the wound, over which was placed a large pad and bandage. The only difficulty found in the performance of the operation was due to the partial adhesion of the peritoneum to the iliac fascia, doubtless the result of the compression previously used, the consequence being that the membrane was not so readily separated and pushed upwards with the hand as it would otherwise have been. No artery required to be ligatured. The limb was carefully wrapped in cotton wadding and flannel from the foot upwards, and the patient placed in bed, with the thigh flexed and supported by a pillow, the body raised and inclined to the left side. Ordered an opiate draught. Low diet.

28th.—9 A.M.: Complained yesterday evening of some numbness and pain in the leg and foot, with soreness of the wound. These symptoms are now quite gone. He has slept well, and feels quite comfortable. Pulse 84; skin cool and moist. Has made water freely. Temperature of affected limb 98·8°; of the sound one, 99·6°. Tumour smaller, harder, and free from pulsation. Opiate draught at night.

29th.—9 A.M.: Going on well. Pulse 78; appetite increased; slept well. Temperature of affected limb 98·6°; of sound, 98·2°. Opiate draught at bedtime.

30th.—9 A.M.: Going on well; free from pain. Pulse 78. Temperature of limb 98·8°. Repeat opiate draught.

31st.—9 A.M.: Wound examined, and is looking very well. Lips in close apposition, except where the ligature protrudes. Carbuncle discharging pus and dead cellular membrane. No tenderness of peritoneum. Repeat the carbolic acid lotion, pad and bandage; also opiate draught.

Aug. 1st.—9 A.M.: Bowels not open since the operation. Pulse 72; tongue moist; feels perfectly comfortable. To omit the draught at night. Ordered an enema of barley-water and olive oil, one pint.

2nd.—Passed a good night without the draught. Bowels moved slightly. Ordered a repetition of the enema.

3rd.—Passed a large, solid, feculent stool at 10 A.M., the passage of which caused a little uneasiness, but slept fairly afterwards. Pulse 72; tongue moist. Wound examined, and looked very well, little or no discharge; greater part healed by first intention. Boil healthy and granulating. Repeat the carbolic-acid lotion dressing, pad and bandage. One suture removed.

11th.—Has not had a bad symptom since last report. Aneurismal tumour can scarcely be felt; no pulsation in it or the superficial femoral; wound healed, except round the ligature; boil well. All the sutures have been removed. To continue the carbolic-acid lotion, pad and bandage. Allowed to sit up.

17th.—9 A.M.: For the first time to-day a distinct pulsation is felt about two inches below Poupart's ligament. This is thought to be the femoral artery before its bifurcation, supplied by the epigastric artery. The superficial femoral does not pulsate. Going on well in every respect. Repeat the dressings. Half diet.

25th.—9 A.M.: The ligature was to-day (the twenty-ninth

from the operation) found loose, and came away. A close tight knot was found, with a piece of animal matter enclosed.

Sept. 15th.—Some exuberant granulations found at the opening where the ligature came through and proved slow of healing. The wound is now perfectly healed. The tumour can only be felt as a slight thickening beneath Poupart's ligament; no pulsation in it. He can walk about, and declares he feels perfectly well.

20th.—Discharged cured, but recommended for light duty.

Nov. 4th.—The patient was examined to-day, and found to be perfectly free from the aneurismal affection. The pulsation had not returned in the superficial femoral. He was performing light duty without difficulty.

ON SCARLATINA.

BY WALTER FERGUS, M.D. EDIN., &c.

I PROPOSE in this paper to put together some facts relating to scarlatina, which have come under my notice in a somewhat extended observation of that disease.

In the first place, I would observe that popular notions, preconceived ideas, and theories hastily adopted, and perhaps enforced with authority, are not likely to lead to a true solution of the mystery which attaches itself to scarlatina above all other diseases.

An outbreak of scarlatina takes place. At once bad drainage, insufficient nourishment, overcrowding, or some such defects, are said to be the cause, not only of the spreading of the disease, but of the disease itself. It is not too much to say that defective sanitary arrangements are universally held to be a cause of scarlatina. Valuable beyond price as these improvements are, in regard both to the general health and to the social and moral well-being of the population, they are proved to be inoperative in arresting the development and march of scarlatina. To make this point unequivocally clear, we have only to turn to the Ninth Report of the Medical Officer of the Privy Council. There we find returns from twenty-four towns, wide spread, and differing from each other in many social as well as sanitary respects. One uniform testimony is borne to the utter powerlessness of improved drainage, better water-supply, and every other sanitary improvement in respect of scarlatina. Taking the aggregate of the towns since the introduction of sanitary improvements, there has been an increase in the scarlatina death-rate of upwards of 1 per 10,000 of the population. The accompanying table shows at a glance what has been the mortality from this disease before, during, and after the execution of the works. In 11 of the towns, during the progress of the works, scarlatina *decreased*, and in 12 it *increased*. The average decrease was only 4·31, while the increase averaged 8·85. After the works had been completed, and in operation for from four to eight or nine years, the scarlatina death-rate increased in 13 of the towns to the amount of 71·26 deaths, giving an average of 5·5 for each town; on the other hand, it decreased in 10 towns to the amount of 32·57, averaging for each 3·25. At Rugby no change has taken place. Salisbury, with a decreased death-rate of 20 per cent., has an increase of 300 per cent. of deaths from scarlatina. Ely, with a saving of 14·50 in general deaths, loses 220 per cent. more from scarlatina. Leicester has 4·50 fewer deaths from general causes, yet increases the scarlatina death-rate by 180 per cent. Cardiff saves 32 per cent. in its general mortality, but has an increase of 90 per cent. from scarlatina. Bristol and Clifton have fewer deaths, but those from scarlatina are increased by 43 per cent. Worthing, also, increases its scarlatina death-rate by 105 per cent., with a small saving of the general death-rate. Chelmsford, where the general mortality increased, notwithstanding sanitary improvements, to the amount of 9·50 per cent., shows an increase of deaths from scarlatina of 280 per cent.

If we look to the towns where a diminution of the scarlatina death-rate has occurred, we find that in many of them the lessening took place after a great increase that had arisen while the works were in progress. At Penrith, for eight years before any works were undertaken the deaths from scarlatina averaged 3·33; during the three years that

Death-rate from Scarlatina per 10,000 of Population in Twenty-four Towns.

Towns.	Population in 1861.	Previous to the commencement of sanitary works.		During the progress of the sanitary works.		After the completion of the sanitary works.		Result of sanitary improvement on the general death-rate.
		Number of years on which the average is taken.	Scarlatina death-rate.	Number of years on which the average is taken.	Scarlatina death-rate.	Number of years on which the average is taken.	Scarlatina death-rate.	
Bristol, with Clifton ...	160,714	11	12·50	13	7·33	4	16·	— 1·50 per cent.
Leicester	68,056	7	3·	10	8·60	1st 3	13·33	— 4·50 „
						2nd 2	8·50	
Merthyr Tydfil	52,778	11	11·33	6	10·	4	18.	— 21· „
Cheltenham	39,693	13	3·33	2	11·50	6	2·33	— 4·50 „
Cardiff	32,954	8	7·25	4	4·66	8	13·66	— 32· „
Croydon	30,229	6	8·66	1st 3	10·	8	7·	— 20· „
				2nd 3	4·25			
Carlisle	29,417	9	15·50	4	18·75	7	11·75	— 8· „
Macclesfield	27,475	8	11·	4	3·75	8	6·	— 20· „
Newport (Monmouthshire)	24,756	5	9·75	1st 7	8·66	6	11·33	— 32· „
				2nd 3	12·25			
Dover	23,108	11	9·	3	11·50	9	3·75	— 7·25 „
Warwick	10,570	11	6·	3	8·75	6	4·45	— 7·50 „
Banbury...	10,238	9	7·75	3	3·25	8	5·	— 12·50 „
Penzance	9,414	8	5·	5	10·	6	6·	No alteration.
Salisbury	9,030	11	2·25	4	12·33	8	9·	— 20· per cent.
Chelmsford	8,664	10	2·75	2	2·50	11	10·50	+ 9·50 „
Ely	7,847	10	4·	6	1·50	6	12·66	— 14· „
Rugby	7,818	7	7·75	3	5·20	10	7·75	— 2·50 „
Penrith	7,189	8	3·33	3	28·33	9	1·87	— 1· „
Stratford-on-Avon ...	6,823	9	2·66	6	14·75	5	5·20	— 7· „
Alnwick	6,494	7	12·33	4	2·	9	12·66	— 6· „
Brynmawr	6,334	10	15·66	3	4·	10	10·5	— 15· „
Worthing	5,804	10	2·33	4	2·33	9	5·33	— 1· „
Morpeth...	4,490	8	13·	3½	19·	8½	7·	— 6· „
Ashby-de-la-Zouch ...	3,840	7	0·75	3	10·50	10	8·33	— 9· „

the works were in progress they rose to 28·33; for the nine years following the completion of the works they fell to 1·83. At Morpeth, the scarlatina mortality rose from 13 to 19 during the works, falling to 7 after their completion. But a large increase during the progress of the works is not always followed by a remission on their completion. At Salisbury, before any works were commenced, the scarlatina mortality was 2·25; it rose to 12·33 during the works, and remained at 9 after their completion. Carlisle shows the largest mortality from scarlatina: before the works it was 15·50; while the works were in progress it rose to 18·75; after they were completed it fell to 11·75. In a note it is observed that "scarlatina came at Carlisle, previous to 1854, in two tremendous epidemics lasting about two years each, and after each epidemic there was a year without a single scarlatina death; while since 1857 it has never been wholly absent, but has never in one year caused a mortality approaching that of the former period." This fact is of importance in the present inquiry. At Ashby-de-la-Zouch, the most remarkable change has taken place in the prevalence of scarlatina as a mortal disease. Before any sanitary improvements were made the mortality from it was 0·75; during the works it rose to 10·50; and for ten years after their completion it averaged 8·33. The works effected at Ashby were as follows:—"Drying of subsoil, thorough sewerage by pipes, partial substitution of waterclosets for middens. New ample supply of water in lieu of bad water from surface wells; but a few wells still used. Better paving and cleansing. No overcrowding at any time." Population in 1861, 3840.

The latest date to which the Report reaches is 1865. It will be interesting to watch the prevalence of scarlatina at subsequent periods. According to the analogy of the disease, it is probable that those places which were worst up to 1865 may be more free during the succeeding decade.

Turning from the Ninth to the Eleventh Report of the Medical Officer of the Privy Council, we meet there with a carefully prepared paper by Dr. Ballard, on the health of the parish of Islington for twelve years, from 1857 to 1868 inclusive. This period takes in no less than four severe visitations of scarlatina—viz., in 1859, 1863, 1867, and 1868. His observations lead to the following inferences:—1. A mean atmospheric temperature of about 60°, or between 56° and 60°, is that most favourable to the outbreak of scarlatina. 2. That for its free development it is necessary that the humidity of the atmosphere shall not much exceed 86, or be much less than 74. 3. That a higher temperature than 60° does not seem to be in itself unfavourable to the spread of the disease. 4. That a fall of mean temperature below 53° tends to arrest an epidemic of scarlatina. *At all seasons* of the year, but more especially in the winter and spring, its extension is favoured by a temperature above the average of the season. At all seasons, *except the autumn*, a dry as well as warm atmosphere is calculated to promote its epidemic prevalence; in *autumn*, the wetter and warmer seasons were those which proved most favourable to the extension of the disease.

In connexion with the question of atmospheric influences, it is a curious fact that scarlatina is almost unknown in the Scilly Isles, with a population of over 2000. These islands also enjoy a remarkable immunity from small-pox, measles, and diphtheria.

Scarlatina, baffling as it does the ordinary sanitary measures, deserves all the more consideration in the subject of its treatment. It is undoubtedly true that some forms of the disease mock the best-devised methods of treatment, but these cases are happily rare. As the malady generally presents itself, few diseases yield to treatment more satisfactorily. The chief point is, not to be overmuch afraid of your enemy, and to put a *quasi* faith in the issue of the battle being on the side of recovery. Medicines easily become poisons in this disease; a smart purge or a repeated emetic not unfrequently changes a moderate and regular attack into one of peril, increasing the danger of all the symptoms. Next to a good supply of air and a comfortable bed, *quietness* is of the utmost consequence; a fussy nurse or over-anxious parents turn the scale against a patient with unerring certainty. Everything about a sufferer from scarlatina should be as quiet and as cheerful as it is possible to make it. An emetic of sulphate of zinc and ipecacuanha wine, in the *earliest* stage of the disease, is of use, helping as it generally does reaction; but it should not be repeated with a view of cutting short a disease which *will* run its course. If the patient can be kept alive for from seven to nine days, he will most probably make a good recovery. After the emetic, the patient should be allowed to sleep as much as possible; the more he sleeps on the first two or three days of the attack the better in all probability will be the result. At the end of that time, in most cases, all sense of depression or oppression will have passed away, and, quietness being maintained, an uninterrupted recovery ensues. Two remedies have proved almost equally useful: chlorine gas in a sweetened solution is most grateful to the patient, and evidently helps him in his battle; but a better medicine is the liquor of acetate of ammonia with a considerable excess of carbonate of ammonia, with ten minims of spirit of nitric ether in each dose. It should be given in doses repeated with greater frequency in severe cases. Gargles are useful in cooling and relieving the throat: a weak solution of chlorine gas sweetened, or of Condy's fluid, answers well as a gargle. It is a good practice to make a patient gargle before taking food or medicine. Nitrate of silver or strong hydrochloric acid must be used if there is much blocking up of the fauces, or grey patches on their surface. Ice is of immense use where there is either great throat affection or sickness. The pleasantest drink is soda water given freely, with wine added where wine is required.

The disease seems to produce a stretching or distension of every soft fibre and structure of the body. All treatment should be directed to the restoration of tone to the distended and weakened structures; with this view iron and quinine may be given early in the attack. From the fifth or sixth day six grains of the sulphate of iron, magnesia, and quinine* should be given *with* the ammonia draught. This mixture may be continued till convalescence is complete. Towards the end, in many cases, the sulphate of iron, magnesia, and quinine may be given alone in from fifteen to twenty grain doses. In this form iron and quinine rarely disagree with a patient, and aperients are seldom required during its use. The external treatment is of great importance; rapid sponging with vinegar and water is called for if the patient does not sleep, or if there is much irritation of the skin. In cases with extreme development of the rash and burning skin, the cold douche, rapidly given, acts like a charm. The patient, placed in a sponging-bath close to the bed, has four to five washhand basins of cold water poured in quick succession over him, is quickly rubbed dry, and put to bed, when, if the treatment has done good, he drops off to sleep almost at once. Warm baths early in ordinary cases do harm, nor should they be used until a certain amount of restoration of tone has taken place. Anointing with fatty substances early in the disease is not likely to benefit the patient; it may arrest to a certain extent the diffusion of the separated cuticle. Scrubbing a patient with carbolic soap in a bath ought to be postponed till a very late period of the disease. Before the restorative stage is reached, every exertion on the part of the patient should be avoided. Close stools near to the bed should be provided, and kept always charged with a disinfectant. If a warm bath is given, it should be brought close to the bed, and the patient ought not for any purpose to leave his bedroom till he has recovered his strength and appetite.

In none of the cases treated on the plan indicated has there been a disposition to the formidable sequelæ of scarlatina. In many of the cases albumen appeared in small quantity from the fourth to the sixth day, uniformly disappearing in from three to four days. Albuminuria was more frequent in the cases treated with chlorine gas, which was on that account finally abandoned for the ammonia and tonic treatment.

A well-regulated and sufficient diet, with a change of air, as soon as a removal is prudent, completes the recovery. Occupation, especially mental occupation, must be cautiously resumed. The brain, as much as any other organ, suffers from the stretching process of scarlatina. Early in the disease, books, conversation, light, and loud noises should be avoided. Long after recovery the brain frequently shows signs of slow restoration of power.

* The magnes. ferri et quinæ sulph., as sold, contains, in twenty grains, one grain of sulphate of quina, three grains of sulphate of iron, and sixteen grains of sulphate of magnesia. In the form of powder it keeps well for a long time, without oxidation of the iron.

THE Royal Sanitary Commission has resumed its sittings, and took evidence on Wednesday and Thursday last.

ON THE

USE OF CARBOLIC ACID IN COMPOUND FRACTURES, WOUNDS, AND BURNS.

BY EDWIN P. GUTTERIDGE, M.R.C.S.

THINKING that the carbolic acid treatment of compound fractures &c. is not generally adopted, I venture to send the following cases which have occurred in my practice during the last few months, to bear testimony to the wonderful effects produced by this valuable remedy, feeling sure that when once fairly tried and properly carried out, no medical man would go back to the old system of treating compound fractures, and if success does not follow, it arises in most cases from improper management. The following is the plan that I have pursued:—

1st. Having reduced the fracture, I introduce pure carbolic acid into all accessible recesses of the wound. I prefer doing this by means of a piece of lint, held in dressing forceps, and dipped in the liquid, to dressing it with a piece of lint dipped in the acid large enough to overlap the sound skin, as the caustic action of the carbolic acid has a stimulating influence, and excoriates the skin.

Having prepared carbolic oil, consisting of one part of carbolic acid and four parts of boiled linseed oil, I soak a piece of lint, folded three or four times thick, in it, and place it over the wound, the size of the lint being about three inches square, and over this a piece of sheet-lead doubled, rather smaller than the lint, and having straightened the limb, place it in splints. Sheet-lead is superior and preferable to block tin (which is advised to be used by some), on account of the facility with which it can be moulded to any shape that is desired.

For the next three weeks, every day, I pour carbolic oil on the edges of the lint, so that it is kept constantly wet.

If everything goes on well, I do not disturb the dressing for five or six weeks, when, on taking it off, I find the wound either perfectly healed, or merely a superficial granulating sore with prominent granulations, which require daily for a short time to be touched with sulphate of copper, under which the wound very soon heals.

Since treating compound fractures in this manner, I have never found my patients suffer from any severe constitutional disturbances: the system receives no shock from the accident; no fever follows; the pulse keeps low, never rising above 84 per minute; the appetite remains good, the tongue clean; and there is no formation of pus. In fact, with carbolic acid, compound fractures are rendered simple to the surgeon, and the patient rapidly improves.

CASE 1.—David P——, higgler, aged forty-five, on the 6th February, 1868, was thrown out of a cart, and sustained a severe compound fracture of the right leg, the upper fragment of the tibia protruding an inch on the inner aspect. The fracture could not be reduced without enlarging the wound and sawing off the protruding portion of the bone. Afterwards the leg was put up as above described, and in Cline's splints. During the first twelve hours there was considerable hæmorrhage, but after that time it ceased. Everything went on well, with the exception that the patient suffered much pain at the seat of injury. At the end of five weeks, on taking off the dressing, the wound was found completely healed.

CASE 2.—Henry H——, aged fourteen, on September 3rd, 1868, fell off a horse. Compound fracture of the left leg; the wound small, on the inner side; no bone protruding. He was treated in the same way. Had no bad symptoms of any kind, and did well. At the end of six weeks the wound was perfectly cicatrised.

CASE 3.—Henry S——, aged ten, on October 19th, 1868, was thrown from a horse. Compound fracture of the right femur, with laceration of the artery profunda femoris; wound on the outer aspect. The bone did not protrude; but the limb was so distorted and distended from extravasation of blood, that from above the knee it looked like a large ball. The leg was very cold; and the boy was much prostrated by the shock of the accident, as well as by the hæmorrhage—so much so that it was uncertain whether the limb could be saved. It was merely tied up in a pillow, and the carbolic oil applied as above. On the following day the leg had become warmer; and the boy went on so well that after six days I straightened the leg and applied a long splint, bandaging up only as far as the knee-joint, applying the usual perineal bandage, &c. Six weeks after the accident I took the dressing off, but allowed the splint to remain on for another week. I found a superficial sore, with fungous granulations, the size of a shilling. Applied sulphate of copper daily, and dressed with calamine ointment; and after seventeen days the wound healed. During the whole time the child did well in every way, except that he suffered pain during the first fortnight.

CASE 4.—George H——, aged eighteen, a painter, on Jan. 14th, 1869, whilst at his work on a ladder, it slipped from under him, and his right leg was caught between the spokes. He sustained a compound fracture of the tibia, the wound on the outside of the leg being sufficiently large to admit the tip of my index-finger. Treated as above. Serous discharge for forty-eight hours from beneath the dressing; but everything went on well, with the exception of great pain at the seat of fracture. At the end of five weeks the wound had healed, a few granulations only requiring a week's attention with sulphate of copper.

CASE 5.—William M——, aged twenty-nine, an engine-driver on the Great Eastern Railway. On June 15th, 1869, the 8 P.M. train from Witham to Maldon left the rails, and went down an embankment, the engine turning over and burying him underneath, both legs being under the engine. It was above two hours before he was dug out. On examination, I found a comminuted fracture of the left leg, and a compound comminuted fracture of the middle third of the right leg, the wound transverse, one inch in length on the anterior aspect. In consequence of having to convey him three miles, the fractures were not reduced for upwards of four hours. He was treated as above. Hæmorrhage happened during the first twelve hours; but afterwards he progressed favourably, although he suffered a great deal of pain for two months, which was relieved by anodynes.

June 25th.—Moved him on to a water-bed.

July 2nd.—Placed the right leg on a fracture-box.

27th.—Removed the dressing, and found the wound completely healed, the cicatrix the size of three quarters of an inch. The surface of the skin excoriated from carbolic acid, which had been put on pure on a piece of lint before the fracture was reduced. The union between the broken fragments not perfectly consolidated. The splints were re-applied for six weeks.

Sept. 16th.—The leg united, solid, straight, and in every way doing well.

CASE 6.—Feb. 12th, 1869: I removed an adipose tumour, weighing two pounds, situated over the right scapula, from William B——, aged fifty-six, a miller. Having sponged the whole of the raw surface with the pure acid, and brought together the edges of the skin with seven sutures, the incision being eight inches in length, I placed over it lint soaked in carbolic oil. During the process of healing (fourteen days), not more than a drachm of pus was discharged.

CASE 7.—May 1st, 1869: Robert H——, aged two years, whilst playing with lucifer matches, ignited his bedgown, and was severely burnt over the chest, abdomen, and thighs. The case was treated for the first week with medicated wool and linseed oil; afterwards with a lotion consisting of half a drachm of carbolic acid to twelve ounces of water. The sufferings of the child were intense until the lotion was applied, when the pain was mitigated in a few hours. Healthy action set up, and the little patient rapidly progressed favourably.

With such satisfactory results as these, there can be no doubt of the efficacy of the carbolic-acid treatment; whereas fractures treated in the ordinary way are frequently attended with local inflammation and suppuration, profuse discharge of pus from abscesses, long-continued exfoliation of bone, hectic fever, and sometimes loss of limb or life.

Maldon, Essex, August, 1869.

THE returns of metropolitan pauperism for the week ending the 4th of November, published by the Poor-law Board, exhibit an increase of 1780 paupers over that for the corresponding week last year—viz., 1869, 136,041; 1868, 134,261.

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IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

CONVULSIVE ATTACKS FOLLOWING INJURY TO THE CRANIUM; FISSURE OF THE BONE OF THREE YEARS' STANDING.

(Under the care of Dr. OGLE.)

ALFRED C——, aged sixteen, was admitted into the hospital suffering from pain in the head, especially in the right side. The face was flushed, both pupils were somewhat dilated, and the conjunctiva of the right eye was rather congested. It was stated that for the last four months he has been subject to convulsive attacks; in some of which he loses consciousness, in others not. Of these he has no warning beyond a slight giddiness and rapid spasmodic twitching of the eyelids. He calls out loudly, and very often falls down unconscious. It appeared that three years previously he was an in-patient at St. George's Hospital under the care of Mr. Hewett, having fallen down against some scaffolding and suffered fracture of the right side of the skull, extending from the mastoid process through the parietal eminence to the top of the cranium. At the time of admission after the accident he was unconscious. For several days afterwards he had much fever, and on the sixth day a convulsive attack; and these attacks were repeated for several days. Eventually he was discharged (in about six weeks), a fissure in the skull being perceptible. According to his mother's statement he went on well until about four months before his present admission, when he received a blow on the left side of the head under the ear, causing the right side (the side previously injured) to strike against the bedpost; and two days after this he had a convulsive fit, which, as before described, has returned several times. At the present time the fissure in the cranium can easily be felt. Since he came into hospital, now about four weeks, he has had three or four slight convulsive attacks at irregular intervals. On some occasions pain in the head preceded the attacks; and the right pupil has been noticed larger than the left, and at times slight strabismus. One attack had a very hysterical character. He has on several occasions passed a large quantity of urine daily, and been very thirsty. No albumen or sugar has been found in the urine. His appetite has been good, and he has had ordinary diet. From time to time evaporating lotion has been applied to the head, and he has been taking ten-grain doses of the bromide of potassium. The question of trephining has been suggested in this case, but not seriously entertained under the circumstances. He is now taking small doses of the (old) bichloride of mercury, and having counter-irritation applied over the seat of the original injury.

UNIVERSITY COLLEGE HOSPITAL.

FRACTURE OF THE SIXTH CERVICAL VERTEBRA, WITH DISPLACEMENT; DEATH.

(Under the care of Mr. ERICHSEN.)

THE chief point of interest in the following case is the high temperature of the body just before, and also after, death.

F. G——, aged forty years, a labourer, was admitted on August 14th, with severe injuries to the head and back of the neck. On the morning of the day of admission, whilst working in a well, and standing on some wood-work about thirty feet from the bottom, he was suddenly thrown over by the fall of a heavy load of earth, and precipitated first on to a stage below, and afterwards to the bottom of the well. He was insensible when taken up, and was immediately carried to the hospital.

At the time of admission, at 11.45 A.M., the patient was in a comatose state. The pupils at times were contracted, and sometimes much dilated. Pulse 72; respiration slow, irregular, and entirely abdominal. The patient, when roused, moves his hand to the back of the neck and right shoulder. The arms were sometimes agitated, but the lower limbs were perfectly motionless. There was marked priapism. Shortly after admission the fæces were passed involuntarily. There was a bruise on the right side of the upper lip, and a scalp wound over the vertex. No fracture nor depression could be made out in the cranial bones. There was ecchymosis at the lower part of the back of the neck.

At 5 P.M. the patient was conscious for about ten minutes, and stated that he recollected being thrown to the bottom of the well, but had no knowledge of what had occurred afterwards. Complains of severe pain at the back of the neck and right shoulder. He afterwards relapsed into a semi-comatose condition.

Temperature on Aug. 14th, taken in the axilla—1 P.M.: 98·6°; pulse 77; respiration 18. 8 P.M.: 95°; pulse 79; respiration 14.

On the following day the patient became gradually worse. He was conscious at intervals, but soon passed into a state of intense coma. The fæces were passed involuntarily, and the bladder was emptied by means of a catheter. Pulse 136; respiration 40. At 9.30 A.M. he was seized with epileptiform convulsions, which were followed by a state of perfect unconsciousness. He died at 12.55 at night. The temperature, taken in the axilla, during the day was as follows:—At 9.30 A.M., 106·8°; at 12.30 P.M., 109°; ten minutes after death, 109·4°, and in the rectum 109·8°.

For the notes of the post-mortem appearances we are indebted to Mr. Mason, late house-surgeon.

Autopsy, twenty-four hours after death.—Integument of thorax and lower part of neck discoloured superficially. (This condition commenced over the thorax shortly before death.) Rigor mortis well marked. The blood in the veins was fluid, thin, and dark-coloured. No clots in the heart or large veins. The viscera of the thorax and abdomen were healthy and uninjured. The body of the sixth cervical vertebra was much comminuted, and the laminæ were broken through. The portion of the spinal column above the fracture was slightly displaced forwards. Corresponding to the seat of fracture, the spinal cord was found swollen, of a pinkish colour, and so softened and broken down that its tissue could be washed away by a stream of water. The cranium and its contents remained uninjured.

LONDON HOSPITAL.

CASES ILLUSTRATING THE DIAGNOSIS OF SYPHILIS.

(Under the care of Mr. MAUNDER.)

WE note the following as useful illustrations of the caution necessary in dealing with suspicious sores and eruptions.

E. P——, aged seventeen, had been admitted on the 3rd of September, 1869, with suspected syphilitic sore-throat. On examination on October 5th, she was found to have a pustular eruption sparingly scattered over the face, trunk, and extremities, associated with a chronic enlargement of the tonsils. Mr. Maunder suggested to the class that the eruption was not such as is usually met with as a sequela of syphilis, but he had seen one similar, produced apparently by iodine. On inquiry, it was ascertained that the patient was taking the syrup of the iodide of iron. This medicine was omitted, and the tincture of steel substituted. By the 8th of October the pustules had dried up.

A. B——, aged twenty-five, was said to be the subject of an indurated chancre on the vulva. On examination by Mr. Maunder on Oct. 5th, a large ulcer was found occupying the cleft between the nymphæ and their opposed surfaces, having somewhat thickened and undermined edges, and discharging freely. There was no glandular complication. The patient's voice was husky, and her throat scarred.

Mr. Maunder said that the evidence was in favour of the

existing sore being of the tertiary rather than of either primary variety—hoarse voice and cicatrices on palate; large size of the sore; free discharge without inoculation of adjacent parts. Were it *indurated*, it would be associated with an adenopathy in one or both groins; were it a *soft* chancre, the discharge was so free that the adjacent parts could not have escaped inoculation. Iodide of potassium will quickly influence the character of the sore if it be tertiary.

On Oct. 8th, the patient had taken five grains of iodide of potassium thrice daily, and the sore was healing rapidly.

These cases teach caution in making a diagnosis even in patients leading an irregular life. In the first case, neither the sore-throat nor the rash was due to syphilis. In the second instance, although the sore was situated on the genitals, it was not of either primary variety.

WEST LONDON HOSPITAL.

PARTIAL AMPUTATION OF THE FOOT.

(Under the care of Mr. FAIRLIE CLARKE.)

IN the following case the operation which was performed was not one of those which have been methodised, and which are known by the names of different distinguished surgeons; but the general rule—namely, that it is well to take away as little as possible, and to amputate as low down as the circumstances of the case will allow—was followed, and the result was so satisfactory that it seemed to justify the proceeding which had been adopted.

Isaac J——, aged sixty-one, a navvy employed upon the Metropolitan Railway at Hammersmith, was admitted into the West London Hospital Nov. 5th, 1868, under the following circumstances:—He was working with a pick-axe between the rails, when he suddenly heard the sound of an approaching train, looked up, and saw that the engine was almost upon him. He thought he had not time to get out of the way, so he threw himself down on his back, in the hope that the train would pass over him. But in this hope he was disappointed. The fire-box of the engine struck him, and cut a deep gash in his forehead; at the same time throwing him over on his side, so that his left foot fell under the wheels of the carriages.

Immediately after the accident he was brought to the West London Hospital. On examination, the toes and the metatarsal bones of the left foot were found to be broken to pieces, and the soft tissues were completely crushed. There was also a deep gash running straight over the centre of the forehead, involving the outer table of the skull.

Chloroform was given, and Mr. Fairlie Clarke proceeded to perform a partial amputation. As there was plenty of skin, it was determined to save as much of the foot as possible. With this view the cuneiform bones were disarticulated from the scaphoid, and the projecting portion of the cuboid was sawn off. In this way a smooth, regular surface was obtained without taking away more bone than was absolutely necessary. The skin-flaps were brought together, and the wound was dressed with water-dressing.

At first everything went on well; but on the third day the edges of the flaps, which had been bruised in the accident, sloughed. The wound, however, rapidly filled up. The remaining portions of the skin were drawn together, and on Feb. 14th the patient was sent to the Walton Convalescent Institution for a month, the wound being by that time entirely healed, with the exception of a small spot the size of a shilling. When he returned there was still a small open sore, and there was also some troublesome œdema and eczema of the leg. For these symptoms he was again admitted into the hospital, and derived great benefit from merely resting in bed.

On the 15th of April he was discharged much better.

On the 7th of May it was noted that the wound was soundly healed, and that the œdema of the leg was almost gone. When he was last seen, on June 1st, the condition of the parts was most satisfactory, and he was beginning to bear his weight upon the stump.

Provincial Hospital Reports.

ST. MARY'S HOSPITAL, MANCHESTER.

FOUR CASES OF POLYPUS UTERI.

(Under the care of Dr. LLOYD ROBERTS.)

CASE 1. *Cellular polypus attached to the posterior lip of the uterus; flooding three years; excision; recovery.* — E. T——, aged forty-three, was admitted on June 1st, 1869. She has been married twenty-three years, and has had nine children born alive and twelve miscarriages. The catamenia commenced at fourteen, and continued up to the period of her last miscarriage, three years ago, when a flooding began, which has continued at intervals ever since.

Present state.—She is blanched, feeble, and anæmic, with a small, weak, and frequent pulse. A specular examination revealed a cellular polypus, about the size of a vetch, concealed within the os uteri, and attached to its posterior lip, which was insensible and bleeding freely. In fact, flooding had been going on for several days. She complained of lumbar and hypogastric pains, and loss of appetite.

June 5th, 1869. — The speculum having been introduced, the polypus was seized by a small vulsellum, drawn forwards, and detached by means of a pair of curved scissors. A small plug of cotton-wool was then applied, and the vagina subsequently washed daily for a few days. No further hæmorrhage occurred, and she was discharged cured on June 17th, 1869. Menstruation has since taken place, and her recovery continues perfect.

CASE 2. *Fibro-cellular polypus of the uterus, the size of an orange; flooding three or four years; excision; cure.*—R. R—, aged forty-nine, married ten years, has had one child, admitted July 20th, 1869. Her menstruation commenced at fourteen, and has always been regular. No leucorrhœa. She has had flooding three or four years, at first every fortnight, lately much oftener; to this very little importance was at first attached by the patient. In the intervals a copious, purulent, and fetid discharge takes place. Lately she has suffered much pain in the bottom of her back, in her loins, and down her thighs, with a painful straining sensation when at stool. Dr. Roberts made a digital examination, and encountered a round body of the size of an orange, rather soft in consistence, lying in the vagina, and extending into the neck of the uterus, being, in fact, a polypus with a pedicle as thick as a two-shilling piece. The open orifice of the os uteri readily admitted the point of the finger, which could thus be passed upwards to the insertion of the pedicle, which was posterior, and into the lower segment of the uterus. The lower and depending portion of the growth was studded with superficial ulcerations. There was much emaciation, with sallow and very pale countenance, clean and moist tongue, frequent and feeble pulse, and difficult breathing.

On July 27th, she was brought for operation. The vagina having been dilated by means of a Sims' speculum, and the polypus brought into view, it was seized with a vulsellum forceps, and drawn by firm and continuous traction to the external aperture; the pedicle was then divided as closely as possible to its insertion. No bleeding whatever occurred either during or after the operation. The vagina was syringed daily for a week, and she made a good and rapid recovery.

CASE 3. *Large fibro-cellular polypus of the uterus; flooding for two years; excision; successful result.*—E. R——, aged forty-eight, a tall, muscular woman, from Mottram, in Cheshire, was admitted on August 2nd, 1869. She has been married twenty-seven years, has had five pregnancies—one child living, another still-born, and three miscarriages. Menstruation commenced favourably when she was twelve years old, and was always profuse. She was not subject to leucorrhœa. Two years ago she commenced flooding, which has continued almost uninterruptedly ever since, so that she is seldom entirely free from discharge, which, when not bloody, is either green or colourless. She is often attacked with severe pains, which, she says, resemble labour pains.

Present state.—She has short and hurried breathing, palpitation, and most of the symptoms indicative of anæmia, small, weak, and frequent pulse, œdematous legs, pain in the back, loins, and fore part of the thighs. On a vaginal examination there was found a large smooth polypus, the size of the two closed fists, attached by a large pedicle to the lower segment of the uterus posteriorly, and hanging through the patulous os into the vagina. There was much discharge of blood during the examination.

Operation, August 12th, 1867.—Chloroform having been administered by Mr. Runcorn, Dr. Roberts, after dilating the vagina with Sims' dilator, seized the tumour by hooks, and with steady and firm traction dragged the polypus downwards, and divided the pedicle with a pair of curved scissors. No hæmorrhage resulted. The vagina was syringed in the usual way for a few days, and she was discharged, cured, on September 1st, 1869. Menstruation has occurred twice normally since she left the hospital.

CASE 4. *Large lobulated fibroid polypus of the uterus, weighing 24½ ounces; écrasement; extraction by means of midwifery forceps; recovery.*—(This case is reported by Dr. Leonard.)—D. H——, aged thirty-five, from Newcastle-under-Lyne, was admitted on August 24th, 1869. She began to menstruate at the age of twelve years, always regularly, the discharge lasting six or seven days. She has had two children born alive, and has never miscarried. She has also been subject to slight leucorrhœa. She has had menorrhagia, and irregular metrorrhagia, for five years, which discharges were supplemented later on by a muco-purulent leucorrhœa of offensive odour. She has had sacral and lumbar pains, and frequently cramp, especially in the right leg, with constant intra-pelvic pains. Being unable to evacuate the bladder, a frequent use of the catheter was necessary. Walking was performed with great difficulty, and very much pain, particularly in the right leg. She has had frequent attacks of flooding lately.

Present state.—She is sallow, haggard, and pale, with the small, weak, and frequent pulse of debility. There is dyspepsia and loss of appetite. A vaginal examination was made, and the pelvis was found to be filled with a large tumour, lobulated, smooth, insensible, and of very firm consistence. It was with great difficulty that the finger could be passed upwards, and the os uteri felt; but this being accomplished, a pedicle, evidently about the thickness of an apple, was felt extending through the os into the uterus.

August 26th.—The polypus was dragged, by means of hooks and steady and firm traction, as near the external aperture as possible. It was then removed by passing round it, as high as possible, the écraseur of Dr. Hicks. In the first attempt, the wire broke before it penetrated the structure of the tumour. Another wire was then introduced higher up, and nearer the uterine attachment. This rapidly worked its way through, and firm and continuous efforts were made by hooks and vulsellum to draw the tumour from the pelvis. These proved entirely ineffectual, from its great size and unresisting material; and its removal was at length effected by the application of the midwifery forceps, and the employment of very considerable extractive force. While passing the perineum the latter gave way, the tear reaching as far as the sphincter. The wound, however, afterwards healed by the first intention, by merely bandaging the legs together. She was put to bed, and the vagina syringed regularly for ten days. She made a rapid and safe recovery, without any flooding, and has menstruated since the operation.

IMPROVEMENTS IN VENTILATION.—Mr. Potts, who has invented a ventilating cornice of novel construction, has offered to undertake the proper ventilation of one of the St. Pancras sick wards at his own expense. Mr. Potts's invention consists of a double cornice made of perforated zinc, the lower member of which communicates with an inlet opening, and the upper with an extraction shaft. Mr. Potts's system has been applied to one of the new wards of the Salop Infirmary, and, it is said, with considerable success. It has been introduced into some of the largest houses now in course of erection in the Bayswater-road, and we can state from inspection that it is an elegant method for distributing the air without the production of draughts.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOV 9TH, 1869.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

THE PRESIDENT, in a few words from the chair, welcomed the Fellows to their labours. He expressed a hope that they would do well this session, especially as it was not at all unlikely that it might bring about some important change in the constitution of the Society; and it was desirable that their work might bear comparison with that of former years, both in papers and debates. He showed them the new volume of Transactions, which would speedily be issued.

ON THE PHYSIOLOGICAL RATIONALE OF PNEUMONIA AND BRONCHITIS.

BY JAMES NEWTON HEALE, M.D.,
PHYSICIAN TO THE WINCHESTER COUNTY HOSPITAL.

Pneumonia has always been described as inflammation of the substance of the lungs. The author ventures to doubt this conclusion, and to suggest that pneumonia may be one thing, and inflammation of the pulmonary tissue another. No doubt can be entertained that the venous blood is sent to the lungs, not because the tissue of those organs requires blood of that particular kind, but because the body at large requires arterial blood; and there seems no ground, either in probability or fact, for supposing that the lungs need for their nourishment either a proportionately larger quantity of blood, or blood of a different character, than suffices to accomplish a like purpose in other organs of similar dimensions. But if the blood brought by the pulmonary artery to the lungs is not supplied for the purpose of nourishing its tissue, for what purpose is it sent there? The blood reaches the lungs, firstly, in order that it should be rendered arterial in exact proportion to the requirements of the body at large; and secondly, that a particular force, comprised in the word "vitality," should be excited in exact proportion to the degree in which the change from venous into arterial blood is accomplished.

It is abundantly clear that the quantity of blood carried to the lungs by the pulmonary artery cannot be increased or diminished by any supposed requirements of their tissue for a greater or less supply of blood. The blood so conveyed must be in strict accordance with the quantity of venous blood furnished by all the organs throughout the body taken in the aggregate, which will likewise be in precise relation with the activity of function then exercised, and will in like manner exactly tally with the degree of "vitality" which is in active exercise throughout the body at the same time. The degree in which the blood is being then arterialised furnishes the key to the whole chain of vital phenomena.

Passing to the strictly pathological consideration of the subject, are we justified in drawing the conclusion that pneumonia is identical with inflammation of the lungs?

The author thinks that a state of cirrhosis, either partial or general, fulfils much more nearly the condition of inflammation of the substance of the lungs than does that of pneumonia.

There cannot be a doubt that the lungs do frequently become "engorged" with blood brought by the pulmonary artery, and that this constitutes an early stage, and is indeed nothing else than pneumonia. Whence does that engorgement proceed? Certainly not from a refusal of the tissue of the lungs to appropriate the blood, because if a supply of blood out of all proportion to the quantity which that tissue could by any possibility apply to the purposes of its nutrition were the cause of engorgement, it is clear that the lungs must at all times be in such a state, because it is impossible that the tissue of the lungs could at any time appropriate to its own purposes a hundredth part of the blood brought by the pulmonary artery. When the lungs become engorged it is not on account of the failure of the nutrition of those organs, but because, from some cause, the venous blood when brought to them fails to become arterialised. It is retained in the lungs, and these organs become engorged because the blood is not arterialised and

transmitted onwards. Many causes are capable of producing such a result.

1. The lungs may be themselves in fault—e. g., some defect in their structure may prevent the blood being brought into sufficiently close contact with the air.

2. The blood may not be arterialised because the air itself may be in fault.

3. The blood itself may be in fault—e. g., pus-globules, or tuberculous matter artificially introduced, may block up some of the smaller arteries, and prevent the blood reaching the plexus of the air-cells.

4. The failure of the arterialisation may result from a severance of the continuity, whereby the capillaries in the lungs may become disunited from those in the system at large, where the functional changes in correspondence with the arterialisation in the lungs ought to take place; the vitality which should be created by the concurrence of both being arrested, and the arterialisation fails in consequence.

Numerous instances were cited of pneumonia by such circumstances as enumerated above. From the consideration of pneumonia the transition to that of bronchitis is not difficult. Inasmuch as anatomical investigation conclusively proves that the plexus of the bronchial membrane and its peculiar secretion are products of the pulmonary bloodvessels, and not, as was long supposed, of the bronchial arteries, it follows that pneumonia and bronchitis must be nearly allied; but inasmuch as the plexus of the air-cells, when the venous blood is converted into arterial, intervenes between the blood sent by the pulmonary artery and that which reaches the bronchial membrane, this circumstance creates a very notable distinction between the two, and establishes a pathological difference of great importance.

Reflection upon the anatomical peculiarities of these bloodvessels will likewise show that the blood cannot be propelled into the plexus of the bronchial membrane by the direct action of the right ventricle, since that force would be expended before the blood would reach the plexus of the bronchial membrane; and, moreover, the blood, after it has passed the air-cells, has the option, as it were, of reaching the left auricle by the veins, which carry the blood thither without traversing the plexus of the bronchial membrane. Any cause which would have the effect of retarding the blood in its transit through the left auricle would, by impeding its onward flow, increase the quantity of blood which would flow through the plexus of the bronchial membrane, and thus have a tendency to produce congestion in that membrane. Numerous pathological instances illustrative of the above were cited, and the following conclusions were drawn from them:—

1st. That an increased function in the plexus of the bronchial membrane would conduce to diminish any accidental congestion in the left auricle; a copious discharge of bronchial mucus would be calculated to reduce any such congestion by the elimination of the fluid.

2nd. The increased activity of the function of the bronchial membrane, thus called into operation, would materially aid in overcoming the obstacle by bringing into play a largely increased aërating surface; in fact, the whole bronchial membrane would then become auxiliary to the air-cells, not only occasioning additional arterialisation of blood, but also causing an augmented supply of vital influence as the concomitant of such arterialisation, and so assist in overcoming the obstruction which caused the congestion in the auricle. In short, the membrane of the bronchial tubes is made, in such contingencies, to reinforce the action of the pulmonary capillaries, and to supplement its action in the creation of arterial blood and of vital force. The fundamental distinction, therefore, between pneumonia and bronchitis is comprised in the fact that pneumonia is an affection belonging to the blood before it has passed through the air-cells, and while it is as yet wholly unarterialised; while bronchitis is an affection of the same blood operating after it has passed the air-cells, and having, at least to some extent, become arterialised; and the morbid action peculiar to bronchitis takes place while the blood is ramifying in the bronchial mucous membrane, and after that particular blood has escaped all risk of pneumonia.

Dr. POWELL thought Dr. Heale confounded crupose with epithelial pneumonia.

Dr. SCHULHOF thought, were the theory true, we ought to have pneumonia more common as an accompaniment of emphysema than bronchitis.

Dr. WATERS could not agree as to the cause of pneumonia, nor yet as to the pathology of bronchitis. Pneumonia was inflammation of the vessels of the air-sacs, and these nourish the sac and give rise to its inflammation. The citation of emphysema was most pertinent; were the theory true, pneumonia must be common with emphysema. After burns the action was reflex, not mechanical.

Dr. HEALE said that in emphysema there was a greatly increased quantity of blood passing over the mucous membranes.

OBSERVATIONS ON THE TREATMENT OF PNEUMONIA, WITH AN ANALYSIS OF CASES TREATED BY THE AUTHOR.

BY A. T. H. WATERS, M.D., F.R.C.P.,
PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL.

The paper was founded on the results of treatment in 53 consecutive cases of acute pneumonia treated by the author in the Liverpool Northern Hospital; and was accompanied by a tabular statement presenting the leading features of each case.

Of the age of the patients.—Under ten years, 1 case; between ten and twenty years, 7 cases; between twenty and thirty years, 25 cases; between thirty and forty years, 12 cases; between forty and fifty years, 7 cases; between fifty and sixty years, 1 case. All the patients were males except two. A large proportion of them were sailors. Many were strong, robust-looking men, whose previous health had been good, and in whom the disease had existed for a few days only before admission into the hospital.

The disease was single in 44 cases, involving from one-half to the whole of the lung; it was double in 9 cases. Of the single cases, the right lung was attacked in 20, the left in 24. Of the double cases, the left lung was most involved in 6, the right in 1. Both lungs were equally involved—viz., one-half—in 2 cases.

Of the treatment.—Venesection was not practised in any case. Only 3 cases were cupped; and only 2 had leeches applied. Whenever antimony was given, it was in small doses—from one-twelfth to one-fourth of a grain,—except in 2 instances, in which it was given in doses of three quarters of a grain and a grain. In 33 cases—a large majority of the whole—no antimony was given. In a large proportion of the cases some alcoholic stimulant was given early in the disease. In 30 cases alcoholic stimulants formed the main therapeutic agent; and in some of the most severe cases no other medicine was given. In 6 of the remaining cases stimulants were given after a few days' treatment by other means. The stimulants were given at regular intervals, frequently with food, beef-tea, or milk. In the instances marked by a very rapid pulse and great dyspnœa, brandy was given every hour, or every hour and a half. Mercury—calomel with opium—was not given in any case. In one case blue-pill was given twice a day for six days; but no soreness of the gums was produced. In no other instance was mercury given, except as a purgative in combination with some other drug. In every case nutrients were allowed freely—viz., beef-tea and milk from the commencement of treatment, and solid food as soon as the patient could take it.

Of the results.—Of the 53 cases, 1 died. In this case, after convalescence had apparently set in, and the pulse had fallen to 80, effusion into the pleura took place somewhat suddenly and to a large extent, and death soon followed.

The average duration of the 52 cases that recovered, *from the commencement of treatment to the period of convalescence*—namely, when all active symptoms had subsided, when the pulse had fallen to a natural or nearly natural standard and when the patient could take solid food—was 8¼ days.

The date of the commencement of the attack was clearly ascertained in 41 cases. The average duration of these, *from the onset of disease to the time of convalescence*, was 11½ days.

The average number of days during which the 52 patients remained in the hospital was 24½ days; but of these patients, 6 were kept in for a long time in consequence of impaired health from other causes besides pneumonia—namely, from rheumatic fever, tubercular symptoms, and gangrene of the lung, great debility, and emphysema. Excluding these 6 cases, we have, as an average of the remaining 46, 20¼ days. In reference to this average it should be borne in mind that the patients were, for the most part, not discharged until they had gained sufficient strength to be able to resume work.

The results of these cases tend to prove that pneumonia is far from being a fatal malady, and that under a treatment which consists in supporting the patient, and in abstaining from depletory or depressing measures, its mortality is low. None but hospital cases have been tabulated, as these alone are available for public reference; but the author stated that he had pursued a similar line of treatment in cases met with in private practice.

In conclusion, the author referred to the general principles of treatment which he adopted. The treatment adopted is not characterised by the exhibition of large doses of any of the so-called antiphlogistic remedies. Nourishment is never withheld if the patients can take it, and powerful purgatives are not resorted to. Stimulants are frequently prescribed at any early period of the disease, and they are often mainly relied on. General bloodletting was never practised, and local bleeding only occasionally (in five of the recorded cases).

The author is of opinion that we possess no remedy which is specially and specifically curative of pneumonia. He occasionally prescribes antimony in small doses; but he thinks the cases are few in which it is useful, and that in no case should its administration be prolonged.

The propriety or impropriety of administering alcohol in pneumonia is one of the most important questions in connexion with the treatment of the disease. No fixed rules can be laid down on this point. Whether stimulants are to be given or not must be decided by the general features of each case. There can be no doubt that many cases of pneumonia may be conducted to a satisfactory issue without the administration of alcohol, and that there are cases in which alcohol aggravates the symptoms. At the same time there are also cases which are as decidedly benefited by it. To distinguish between these cases is sometimes difficult. When the pulse is very quick, the dyspnœa urgent, and the disease extensive, the author never hesitated to prescribe stimulants freely.

The author does not prescribe mercury—calomel with opium—in the disease. He thinks that too high a value has been placed on mercury as a remedy in the stage of hepatisation, and that it possesses no special properties for promoting absorption of the effused matters. It is useful as a purgative; but if given with the view of producing salivation, it will generally be found prejudicial.

Opium is useful in relieving the pain in the side which so often occurs in pneumonia, for allaying cough, and procuring sleep.

Ipecacuanha is apparently useful in some cases. The author frequently gives it with stimulants in the pneumonia of children. Carbonate of ammonia, chloric ether, and bark are also often given by the author, either alone or in conjunction with alcoholic stimulants, and quinine as soon as the acute symptoms have subsided. Salines are not, as a rule, administered.

The administration of nourishment forms an important element in the treatment of pneumonia, as well as of all other acute affections. In the early stages of a severe attack there is but little desire for food; and there is a risk, if the mere feelings of the patient are alone consulted, that nourishment may be withholden too long. Beef-tea and milk may be safely allowed even in the acute stage, and as the case progresses the diet should be more liberal. In cases which require an early and free administration of alcohol, nutrients should be given liberally from the first.

The author believes that mild counter-irritation is useful in the early stages of an attack, and that, later, blisters are frequently of service. In conclusion, he observed that, in forming an opinion of the most appropriate treatment in any case of pneumonia, regard must be had to the constitutional condition of the patient, the frequency and character of the pulse, and the antecedent circumstances of the patient, rather than to the amount of lung involved or the stage which the disease has reached. It is the patient, and not simply the diseased lung, that we have to treat.

Mr. WYATT asked if the temperature had been taken, this being of importance with reference both to diagnosis and to treatment, especially with alcohol. Also as to the period of resolution. It was put down from three to four days. He had never seen it so soon.

Dr. BURDON SANDERSON referred to diagnosis. The mere fact that a patient had pneumonia conveyed very little information. There were two kinds—that connected with bronchitis (the catarrhal), and that more strictly epithelial. The catarrhal was most common in London. It was important to draw this distinction; and to do so, short abstracts of the cases were wanted. This want of distinction constituted the great difficulty in estimating the treatment.

Dr. T. WILLIAMS asked if resolution took place in all; if pleurisy was seen as a complication; and how far counter-irritation was tried.

Dr. HEALE thought the great thing was to restore the impeded circulation.

Dr. SANSOM thought alcohol of value, partly because it destroyed septic agencies, partly because it acted on the vaso-motor system of nerves.

The PRESIDENT referred to the peculiarity of the statistics as proving pneumonia to be more common in the left than in the right lung.

Dr. O'CONNOR spoke of the diagnosis and treatment of pneumonia, and extolled the value of the signs derivable from the tongue.

In reply, Dr. WATERS said he had used the thermometer, but not in all. He said nothing of resolution. The nature of the case, whether simple or complicated, was shown in the table. The pneumonia was mostly lobar. Blisters he had found useful in the latter stages. He was quite sure as to the sides affected, and as to the diagnosis of each case.

After the meeting, Mr. WYATT showed a new Regimental Tunic proposed for the Coldstream Guards.

RELAPSING FEVER.

THE latest news about this fever, which we gather from reliable sources, is as follows. The admissions to the Fever Hospital for the week ending on the 16th, were 58 cases, coming from 19 London parishes. Of these Camberwell supplied 16, but all these patients were either tramps or inmates of the workhouse: there is no relapsing fever in the parish. St. Giles's sent 14, and we are sorry to remark that this by no means represents the whole of the mischief, for in this parish the fever is widely spread among the poorer houses. It will be remembered that in the previous week St. Giles's was dishonourably distinguished by having the largest number of cases in proportion to population, and the number threatens to continue and increase. While the not-too-enlightened parishes of Whitechapel and Bethnal-green, in which the disease commenced, have (by hunting up cases, and sending them off to the Fever Hospital, and a few other sanitary measures) steadily and rapidly reduced their proportion of cases, St. Giles is obstinately procrastinating, and thus nursing the mischief. It is matter for indignation that the Board of Works, instead of acting at once upon the report of their own Sanitary Committee, which recommended the provision of temporary means of isolation, has referred that report back for further consideration, which is tantamount to rejecting it. The danger is becoming serious and pressing, and in the present emergency we cannot but think that the Poor-law authorities ought to step in and at once provide the necessary hospital accommodation in the district (which we learn cannot be supplied by the general hospitals to any adequate extent), while the Board of Works might confine itself to the work of disinfection, and of house-to-house searching for new cases. We hope that the President of the Poor-law Board, and the Home Secretary will see it to be their duty to put in force their fullest powers of compulsion, if this work be not at once carried out by the local authorities.

ST. BARTHOLOMEW'S HOSPITAL.—His Royal Highness the Prince of Wales, as president of this hospital, has intimated his intention to preside at the special meeting of the governors, convened for Monday next, to hear a statement by the treasurer, Mr. Foster White, in reply to certain charges which have been made against the management of the institution by the press. The meeting will be held at twelve o'clock, in the great hall.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 20, 1869.

WE congratulate the Council of the College of Surgeons on the very evident signs of progress it is beginning at length to put forth. Whether this may be due solely to the steady infusion of new blood by the votes of the Fellows from year to year, by which the weight of reform has at last proved irresistible; or whether the tottering condition of the College as a licensing institution since the rival College has proclaimed its double diploma, and since the Privy Council awoke to the necessities of the profession and the public, may have influenced its Council, we will not stay to inquire. It is sufficient, for the present at least, that many members of the Council are determined to carry into effect the pledges they recently gave on election; that others who appeared to have quite forgotten that they ever were elected have suddenly awakened to their responsibilities, and are endeavouring to justify themselves in the eyes of those they represent; and, lastly, that the phalanx of life-long obstructives has become so small as at last to be insignificant.

The brief summary of the Council's proceedings which appeared in our last issue will have informed our readers that two of the most important questions affecting the Council were brought forward on the recent occasion of meeting—the questions of the constitution of the Court of Examiners, and the meetings of Fellows and Members within the College. Mr. HANCOCK, who brought forward the first proposition, aimed at the formation of a separate Board of Examiners in Anatomy and Physiology, apart altogether from the Council; but he unfortunately clogged his motion with complicated riders, by which the rights of the existing examiners were to be reserved until their respective terms of office expired. An amendment to this, simply affirming the desirability of a separate Board of Examiners in Anatomy and Physiology, in much the same terms as formed the unsuccessful motion of Messrs. PAGET and HEWETT some two years ago, was also brought forward. A very lively discussion ensued, the feeling of the majority of the Council being in favour of some reform in the Board of Examiners, and Mr. CHARLES HAWKINS giving notice of a motion that for the future not more than six examiners should be allowed to have seats on the Council. The amendment was eventually lost; and the motion was afterwards withdrawn, with a view to its settlement in another form when the motions of Mr. HAWKINS and Mr. SIMON come on for discussion. At the present moment there are, it is true, three examiners who are not councillors; but, in the ordinary course of events, Mr. SKEY will cease to hold office early next year. Unless, therefore, a bye-law be passed to the contrary prior to this vacancy, no doubt another councillor will be elected an examiner with his own vote. Mr. QUAIN complains, we are informed, that he is not done justice to in our columns; but we can only say that we gave prompt insertion to his letter in 1865, and have not ceased to urge the fulfilment of some of the promises it contained. He shall, however, have no further cause of complaint, since we now publish to the world that at the late meeting, while supporting the separation of examiners from the Council, he professed his readiness to resign his seat in the Court at once if it would facilitate the carrying out of the arrangement.

The important question brought forward by Mr. ERICHSEN and seconded by Mr. HOLDEN, respecting the right of Fellows to assemble in their own College, was received with almost startling unanimity as far as the right of meeting went, the only question being whether the right extended to the Members as well as the Fellows. We must say it appears to us that, though the Fellows were by the Charter of 1843 constituted the elective body of the Council, the Corporation of the College of Surgeons comprises, as it has always done, the Fellows and Members. In fact, what are the great bulk of the Fellows but Members who were either fortunate enough to be included among the first six hundred created or have since paid ten pounds for the privilege? The last Calendar gives the names of 1329 Fellows, and of these only 389 are Fellows by examination, who can claim to have shown some superior aptitude for the position they hold. The bye-laws (sect. xviii.) also evidently contemplate the meetings of Fellows *and* Members, and we have little doubt that the Committee to whom the question has been referred will find means readily enough to bring about the desired object. One thing only we would insist upon—that neither the President nor the Council arrogate to themselves a power of non-compliance with the demand of a given number of Fellows and Members to summon a meeting. Such a power would only bring about a collision between the two parties; whereas, if the right contended for be yielded gracefully, we feel sure that it will not be abused.

THERE is a deficit of between £2,000,000 and £3,000,000 in the Indian exchequer; and theoretical financiers no less than practical economists will be anxiously deliberating how it can be best overcome. The existing system of organisation of all our Indian departments can scarcely fail to be reconsidered, if with no other object than that of discovering a more economical method of administration.

Medical and sanitary science and questions of public health in India occupy a much more prominent position in connexion with the Government than they do in this country. And it is not difficult to discover why this should be so. We maintain an enormous army in India, the Imperial and commercial interests at stake are large, the climate is inimical to the constitution of Europeans, and the country is from time to time visited by terrible epidemics. The tenure of life is uncertain, and the waste of it great. Of course all this entails vast expense. There is, moreover, another way in which medical science assumes a greater importance in India than elsewhere; and this is due to the influence which we are enabled to exercise over the native population by its aid. Appeals to the religious sense or to the reasoning faculties

produce, relatively, little effect on people characterised by the mental and moral organisation peculiar to the tribes of India; but the aid of medicine is anxiously sought by the suffering, and its apparent mysteries excite the keenest curiosity of the healthy. The natives of India have always willingly applied themselves to this branch of study, and availed themselves of our superior acquirements in it. Medicine is therefore capable of being turned into a powerful political lever. The labours of the medical officer serve to awaken the interest of all classes, and to consolidate, it may be, the attachment of an Indian prince to our rule of the country.

When every branch of the service will undergo a rigid scrutiny, it is scarcely likely that the medical departments of India will be exempted from a similar ordeal; and we venture to think that the Indian system of sanitary administration, as well as the medical departmental organisation, are capable of being reconstructed upon a basis far better as well as more economical than that now in existence. The organisation of the sanitary and medical institutions appears to us to be unnecessarily complicated and divided; and the administration, which ought to be efficient and direct, suffers in consequence. We propose, then, to devote the present and some subsequent articles to the discussion of this subject. It will, however, be at once apparent that our efforts in this direction must be circumscribed by the space at our disposal. We cannot track the subject through its various details and ramifications. We can only pretend to aim at laying bare the principles by which we profess to be guided.

The subject, then, consists of two distinct branches—namely, the present system of sanitary administration in India; and the existing division of the army medical element into two perfectly separate services—the British and Indian Army Medical Departments respectively, and that other collateral branch of the service in which so many medical officers of the native army are occupied, namely, civil employment.

We recently alluded to the origin and progress of that modern innovation which consists in having a Sanitary Commission, armed with special powers and exercising special functions, as an institution and authority entirely separate and distinct from the two medical departments already existing in the country. Now we shall strive to prove that its origin was a mistake, and that its continuance in its present capacity is an anomaly, a source of inefficiency, and a cause of useless expenditure of the public money. We hold the existence of such a separate functionary as a Sanitary Commissioner for the Bengal Presidency, in the first place, to be unnecessary; and, if necessary, that his relation as regards the rest of the machinery requires to be readjusted, in order that he may be removed from a position in which he can only embarrass, and not aid, the system of public health administration.

Speaking broadly, there are in India two separate elements in the population: first, the military, composed of the British and native forces; and, secondly, the civil community, composed of the natives themselves and of the civil *employés* of the Government.

The functions discharged by a sanitary commissioner may be supposed to comprise the collation and analysis of health statistics for the information of the Governor-General in Council, periodical sanitary inspections of different districts, investigations into the causes of disease, the suggestion of methods for their removal or limitation, and the maintenance of a surveillance over sanitary matters in general, with a view to advising the governing powers as to the proper course of action. There is also another object which, though not essential to the system, forms a prominent feature of its present working — namely, the periodical publication of reports on all the matters that have come within the cognisance of the Sanitary Commission, or been officially discussed.

The Sanitary Commission of Bengal originated during a period of excitement. It was an expedient adopted to allay the outcry and adverse criticism which resulted after the publication of the Report of the Indian Sanitary Commissioners. The appointment of a non-professional man was defended on the ground that the duties of the sanitary commissioner were those which required talent for administration, much more than the possession of professional knowledge. But the performance of all the legitimate duties of sanitary commissioner for Bengal has not involved the exercise of any such administrative capacity; they are, in fact, simply those of observation and report on sanitary defects and insanitary conditions. On the other hand, the every-day duties of the higher ranks of officers in the medical departments are purely those of administration, and the medical officer who had not sufficient talent in this respect to fit him to perform the duties of a sanitary commissioner would be quite incompetent to assume any responsible charge either in the field or in quarters.

The military force in India, whether British or native, has its own medical officers; and every question bearing upon its physical well-being is thoroughly discussed, and subjected to a process of filtration as it passes through the different ranks until it reaches the responsible medical head, who has, moreover, the results of his own personal observations during his tour of inspections to guide him. The opinions of medical officers of the standing of an inspector-general or of his divisional officers—whose experience of army sanitary requirements is practical and not theoretical—should be received as those of the legitimate advisers of the authorities in all matters connected with the sanitation of the British and native armies. They are the officers who will be looked to for explanation if any of her Majesty's regiments are suffering in their sanitary condition from preventable causes, and they will be held responsible for any shortcomings. It would be ridiculous to subordinate either of the medical departments or to transfer their legitimate duties and responsibilities to a department which is but of yesterday, and which might cease to exist to-morrow without the slightest ill effects.

We may fairly ask whether either the late Sanitary Commission, or the past or present Sanitary Commissioner for Bengal, has yet made one good recommendation which had not been over and over again made by the Medical Department and its officers. The Government is now in direct possession of all the sanitary recommendations made by or through the Inspector-General of her Majesty's hospitals;

and we may, therefore, conclude that, so far as the military section of the community is concerned, the existence of a Sanitary Commission acts as a source of complication for which the Indian Government is spending its money in vain.

A REMARKABLE essay has just been published by MM. SCHMIEDEBERG and KOPPE on Muscarin, the poisonous alkaloid of a certain fungus, called the Agaricus muscarius, or Amanita muscaria; the properties of which have long been known in connexion with the curious but not very pleasant story told by PEREIRA, on the authority of LANGSDORF, of its use for the purpose of producing intoxication amongst the Russian peasants. The alkaloid was obtained, as we learn from an abstract contained in the *Centralblatt*, principally from the specimens of this species growing around Dorpat, though it seems probable that it is not limited to this species alone. It is procured by means of a somewhat complicated process through the agency of alcohol, with the addition of acetate of lead and ammonia, which leaves the alkaloid in solution, whence, after acidification with sulphuric acid, it is precipitated with iodide of potassium and mercury, or potassium-bismuth-iodide. When freed from the latter salts, it appears as a strongly alkaline hygroscopic mass, destitute of taste and smell, drying when evaporated over sulphuric acid into crystalline laminæ, easily soluble in alcohol and water, soluble with difficulty in chloroform, and not at all in ether. It burns without subliming at a temperature of 100° C., giving off an odour feebly resembling tobacco. The proportion of the alkaloid contained in the agaric is very small, not exceeding ten or twelve grains in two pounds of the fresh fungus. As regards its physiological properties, they appear closely to resemble those of the Calabar bean, and, like this, to be antagonistic to atropine. It acts with remarkable energy on cats, a very small quantity injected subcutaneously producing an abundant flow of saliva and of tears, vomiting, diminution of the frequency of the pulse, and such extraordinary contraction of the pupil that this only appeared as a narrow black slit. Subsequently dyspnœa and debility of the muscular energy supervened, amounting at length to paralysis. Before death the pupil became widely dilated; and the fatal issue resulted from arrest of the respiration, the heart continuing for some time to contract feebly. Larger doses were required to kill dogs and rabbits; and no contraction of the pupil occurred in the latter. The influence of muscarin on the heart was carefully noted in frogs. The subcutaneous injection of the one-tenth of a milligramme caused retardation of the heart's action by prolonging the diastole; the auricle, and then the ventricle, after a few minutes, ceasing to act. For several hours, however, the slightest touch of the ventricle induced a single powerful contraction; showing that the motor apparatus was not paralysed. Section of the vagi caused no variation in the phenomena, and hence the authors were led to refer the phenomena to a persistent excitation of the inhibitory apparatus situated in the heart itself; and the correctness of this view was established by the following control-experiment:—VON BEZOLD and others have shown that atropine paralyses the inhibitory apparatus situated in the heart of mammals, and SCHMIEDEBERG has proved in that of frogs also. Now it is worthy of notice that a dose of atropine will completely remove the influence of muscarin; so that if the heart of a frog has been quiescent for hours, providing its irritability is retained, it begins again to pulsate and to acquire its former activity if a dose of atropine be injected, whilst, inversely, muscarin exerts no influence on an atropinised frog. A similar antagonism exists between muscarin and atropine in regard to the heart of mammals.

In animals poisoned with muscarin the blood-pressure sinks almost immediately to one-third of its normal amount. To this primary and principal depression a period succeeds during which it slightly rises again. The prodigious fall in the first instance is probably due, not simply to retardation of the pulse, but to a sudden loss of tone in the vessels—a loss which is rendered evident in rabbits by dilatation of the vessels of the ears. After the injection of atropine, the blood-pressure recovers itself again, and considerably exceeds the normal amount; probably on account of the complete abolition of the influence of the pneumogastrics. The action of muscarin is very energetic on the abdominal organs; and here, again, resembles that of the Calabar bean, the intestines, bladder, and even the spleen becoming as it were tetanically contracted. The intestines first become converted into a hard, white cord, and then, becoming somewhat relaxed, exhibit vigorous but irregular peristaltic movements. The effect does not occur if by compression of the aorta the adit of blood to the intestines is prevented. Here, also, atropine presented distinctly its antagonistic action. The sialogogue influence of muscarin was always that which was first exhibited, and in all animals alike, whatever their sensitiveness to the poison might otherwise be. The effect on the pupil appears to be but slow in man, and to produce it a considerable dose is required.

THE Second Report of the Commission on the Employment of Children, Young Persons, and Women in Agriculture, has just been issued; and perhaps the most remarkable feature in it is the difference of opinion between the two Commissioners themselves as to the conclusions to be drawn from the mass of evidence before them. The most prominent fact, according to one of these gentlemen (Mr. TREMENHEERE), to which that evidence points is the unanimity of farmers, landowners, and clergy in favour of restricting to ten years the age at which juvenile labour should commence, so as to secure for the agricultural labourer's child a due measure of education. To this opinion Mr. TREMENHEERE is opposed, and on the following grounds. The judgment of farmers as to restricting the age of boys beginning agricultural labour to ten years is, in general, worthless. Farmers, as a rule, have no need of the work of juveniles under ten. Supposing the Legislature enforced the proposed restriction, it would, at the worst, only cause the farmer a cost of sixpence a week more to get a boy over ten to do the work of a boy under ten, while the cost would be more than refunded by the superior efficiency of the labour. On the other hand, the indifferent or self-interested opinion of the farmer or landowner is,

according to Mr. TREMENHEERE, more than outweighed by that of the labouring father of the child. The labour of children under ten years of age is in numerous instances a very important addition to the family income. In other cases the labour of such children is indispensable to the parents, irrespective of the consideration of earnings. In Oxfordshire and Berkshire, it appears that legislation, excluding from work all children under the age of ten, would oblige parents of young families to apply for aid in some shape or other. Mr. TREMENHEERE would even defend the practice in Lincolnshire—to send out children to work in the field at the age of eight, or even seven, on the plea that their labour is essential to their parents, and even (in that county exceptionally) to the farmer; while in all cases he thinks quite sufficient education can be secured to the child without having recourse to the principle of prohibiting the child's labour at any age.

The other Commissioner (Mr. TUFNELL), on the contrary, concludes that the question of the physical and mental development of children employed in agricultural labour cannot be solved on any other principle than that of restricting the age at which that labour should commence. He contends, and, as it seems to us, with much reason, that not only should ten years be the minimum at which agricultural labour should begin, but that such restriction should in no case be relaxed, but universally enforced. The evidence of Canon NORRIS, adduced by Mr. TUFNELL, on this point seems to us very conclusive; but there is one objection to the restriction which has actually found supporters in certain quarters. What is the use of restricting the age of the juvenile labourer so that he may get some schooling, when schools are either deficient in number or inefficient in management? To this it is enough to answer, that if the Legislature can afford to enact such a large measure as the universal restriction of the age at which industrial labour, whether in the factory or the fields, should begin, it can also afford to see that every parish has its proper school, properly conducted. But, the benefits of education apart, is the gain of the child's earnings before the age of ten so absolutely indispensable to his parents that his development, physical and mental, must be arrested for life? Mr. TREMENHEERE has just told us that the greater efficiency of the labour of children above ten years of age more than recoups the farmer for the additional sixpence a week he pays for it. If so, the parent should be content to wait for a year or two, till his child has been strengthened in mind and body so as to earn the larger wage. It is a short-sighted policy to impair prematurely the strength of the juvenile worker for the sake of a few pence a week. If the family requires the small sum he can earn, it should come from another quarter, for which the State will provide.

But it is chiefly from a medical point of view that we agree with Mr. TUFNELL rather than with Mr. TREMENHEERE as to prohibiting juvenile agricultural labour below ten years of age. And in this relation we could have wished that the evidence accumulated by the Commissioners had been fuller and more scientific. So far as we have seen, the medical evidence has only gone to show that the health of the average number of children employed before ten in the fields is good. But this is not enough. Let us take a far more significant test. According to the army medical reports, the vast majority of recruits are drawn from the class represented by those agricultural labourers when of adult years. By that time the effect of their early employment in the fields has made itself apparent in their constitutions. And what does the medical recruiting officer tell us? Why, that the majority of the rejections among these recruits from the agricultural districts are due to curvature of the spine and malformation of chest—precisely the diseases which their premature exertion in the fields must inevitably cause. This is one direction in which the effects of labour before ten years of age are seen to be prejudicial. There are other and subtler effects which every physician can readily bring before his mind's eye, and which are seen in the feeble resisting-power possessed by agricultural communities in the prevalence of an epidemic fever. If these communities—the great sources from which the effete populations of the metropolis and of our larger towns are recruited—be allowed to degenerate by their systematic subjection to premature labour, what is to become of that vaunted Anglo-Saxon stock of which the world hears so much? Mr. TREMENHEERE has given some plausible reasons for the non-restriction of the age at which labour should be exacted from the agricultural child. But he will require to reinforce them still further if he expects to win over this reforming and philanthropic generation to his side.

THE recurrence of Relapsing Fever, associated as it has always been with states of privation and destitution, suggests important considerations as regards the unsatisfactory condition of the labouring classes, arising from the stagnation of trade which has now so long prevailed in Europe. It is, happily, not our part to endeavour to grapple with the problem of providing employment and means of living for the thousands whose existence depends upon conditions which have always been fluctuating, but which now appear more than ever subject to disastrous influences, over which the State would appear to possess but little power. The idea, which has been occasionally suggested, of endeavouring to supplement the depression of trade by forced and unnatural means—a sort of playing at commerce—is manifestly futile. It is as hopeless to attempt to relieve the mass of existing destitution by such a method, as, in a season of long drought, to try to fertilise our fields by an artificial irrigation which shall take the place of rain. It seems likely that to the locomotive facilities of the day this country will have to look for a solution of the difficulty, and that by this means the strong arm and the dexterous fingers must be transported to localities where their assistance is needed and their work will command remuneration.

But as regards the immediate evil—the spread of famine fever,—the remedy does not involve such elaborate considerations, and its application need not be delayed. The provision of good food for the poor, and watchful care over the sanitary condition of their dwellings, would be sufficient in a short time to eradicate this disease, if sufficient zeal were shown in using these resources. The machinery for their application exists in the Poor-law Board and the local parish authorities; but its employment is expensive, and of

this the ratepayer needs to be reminded. If the public would seriously determine that their alms, instead of going to the idle and dissolute who have the hardihood to importune for them, should be distributed in the form of relief to poverty, and improvements in such necessaries of life as air, water, and cleanliness, effected by properly constituted and responsible authorities, an epidemic like that of relapsing fever would be snuffed out, and, incidentally, the gigantic evil of vagrancy would be largely diminished. If, as now, we call upon the authorities for renewed exertion, we demand no less that the ratepayers shall remember the cost at which the effort must be made, and ungrudgingly furnish the means by which life may be saved, and the right hands of English commerce preserved to their country.

Medical Annotations.

"Ne quid nimis."

THE SHARPEY MEMORIAL.

IT is with great pleasure that we record the fact that the proposed memorial to Professor Sharpey is likely to be instituted in a manner worthy of his high reputation. It is intended, at least, to establish a "Sharpey Physiological Library, Laboratory, and Scholarship" in University College, and to present a portrait of the professor to that institution. Towards these objects £1500 have already been promised, in answer to efforts, on the part of the Committee, which may be characterised as having been almost private.

It has now been determined, however, with this encouraging success as a starting-point, to address in a more public manner the numerous and widely scattered pupils of Dr. Sharpey, and his general and scientific acquaintances, and to ask them to assist in conferring honour upon their old teacher and friend.

The Sharpey memorial originated in a desire, on the part of some of Dr. Sharpey's old pupils, to confer upon him some personal advantage, in consideration of his great services to them as their teacher, and also of the fact that he has never reaped from the practice of his profession any pecuniary benefit. Such a direct testimonial, however, was gratefully but firmly refused by Dr. Sharpey; and when the proposal took another shape, he offered to contribute his own valuable anatomical and physiological library as a donation to University College, on condition of its being suitably lodged and cared for. In concurrence, as we understand, with the wishes of the Council, therefore, a room is to be set apart in the College, to be named the "Sharpey Physiological Library and Laboratory," in which the lectures and demonstrations in Practical Histology and Physiology will be given, where the special library thus commenced will be accessible to students, and in which, also, the "Sharpey Scholar" will have assistant tutorial duties to perform.

To impart to this scheme a personal and complimentary character, it is suggested that, as an essential point, a portrait of Dr. Sharpey should be placed in the library and laboratory which will in future bear his name. If it should be found practicable, a bust of the worthy professor will also be deposited in the College, and a portrait medal be struck for general distribution amongst his friends and former pupils. This may appear rather a long array of work to accomplish. About another £1000 is needed. When, however, we consider the number of those who have directly profited by Dr. Sharpey's solid and philosophical style of teaching, not only in reference to their acquisition of sound physiological knowledge, but also as regards their mental training and power of grasping other allied subjects, we may be allowed to say that we shall feel surprised if the majority do not respond, each, not perhaps according to his estimate of indebtedness, but according to his present capacity, most willingly to this movement.

Moreover, without entering into any minute questions of relative usefulness or prior merit, all will agree that the weight of Dr. Sharpey's personal influence, as well as that of his scientific character, has largely contributed to support the reputation and maintain the position of the school with which he has been so long connected. The friends of University College may therefore well avail themselves of this opportunity to compliment and gratify Dr. Sharpey in founding a lasting memorial of his name and fame, whilst they will confer no small benefit on the future pupils of the physiological classes in the College. Nor can we doubt that many members of scientific circles generally, both at home and abroad, will be found to follow the example of Grote, Lyall, Goldsmid, Murchison, Tyndall, Sabine, Huxley, Paget, and others, whose names we find in the first subscription list, and liberally co-operate in this work. For ourselves, we heartily wish it a complete and speedy success.

THE THAMES CONSERVANCY BILL.

THIS Bill, which will be brought before Parliament during next session, has now assumed a definite shape, and will very largely extend the power of the Conservators. We have on many occasions alluded to the very defective provisions that at present exist for the maintenance of a proper control over the sanitary condition of vessels moored in the river, which state of things was notably shown during the last epidemic of cholera. We may remind our readers that, in the autumn of 1866, it was found that no definite arrangements were made on this head, and there can be no doubt that, if the Seamen's Hospital Society, under the auspices of their surgeon, Dr. Rooke, had not taken the matter energetically in hand, and established a very admirable scheme of ship-to-ship visitation, things would have fared very badly indeed with the crews and other denizens of vessels lying in the Thames. Much cholera was prevented on that occasion, and all persons directly or indirectly interested acknowledged that great good had been done, and that the necessity for constant supervision was superlative and imperative. It is therefore with surprise and regret that we find no clause in the Bill, as at present framed, indicating a change for the better in this direction. We are enabled to state that the subject has been brought officially under the notice of the Board of Trade, that this Board has communicated with the authorities at the Home Office, and that the desirability of making the Conservators responsible for the sanitary as well as the administrative governance of the river has been discussed and acknowledged. There can now therefore be no reason why a clause should not be added to the forthcoming Bill, empowering the Conservators to take this additional modicum of work in hand. Three sections of the community will be benefited,—the mercantile marine, the inhabitants of all districts abutting on the Thames, and the Conservators. For typhoid fever and other preventable maladies will be checked on our small and wretchedly dirty coasting vessels, the waterside populations will be freed from risk of contagion, and the river authorities will have professional aid to call in whenever any of their numerous officers and servants are sick. We cannot doubt that the Board of Trade, the Home Office, and the Conservators will unite in framing a clause that must, if properly carried out, very much improve the health of the population of London and its neighbourhood.

A PRACTICAL SUGGESTION.

IT is the fixed belief of many who have devoted their time and thoughts to the question of the best way of relieving the poor that the chief obstacle to improvement is to be found in the person of the present Secretary to the Poor-law Board. During many of his long years of office, Mr. Fleming has, in fact, exercised the authority which the Board has exercised in name. He has during these years repeatedly committed the Board to decisions and to action that militate against any change for the better, either in its constitution or in its working. His knowledge and position unfortunately enable him to pooh-pooh any suggestion, however good, as being impracticable, and to devise and carry out the most ingenious punishments for any insubordinate superior. Reformers furiously rage, and successive Ministers (types that they are of evanescence) fret their little day, but Mr. Fleming remains. As long as he stays the inscription over Dante's Inferno would be suitable enough for Gwydyr House. Commissioners may visit foreign countries, evidence may be obtained of the possibility of combining economy with humanity and efficiency; but the master of the Poor-law Board stands still upon the ancient ways, and calmly restrains the impatience of the Commissioners whom he is supposed to serve. Such episodes as the doings at St. Pancras move him to no anger; such dismal facts as those which express the present state of English pauperism induce in him no desire for change. Would it not be possible for such an inducement to be supplied by a grateful country? It has been suggested that even his active mind might prefer the charms of pensioned ease to the power of resisting improvement. It has likewise been suggested that the chief promoters of Poor-law reform should constitute themselves into a committee, that they should solicit the liberal contributions of ratepayers and the willing pennies of the poor, and that they should offer to the secretary a fund of sufficient magnitude to induce him to be a secretary no longer. If absolute retirement were unsuited to his tastes, it might still be possible to gratify him. A Consolidated Order, or an Order in Council, or even, if necessary, an Act of the Imperial Legislature, might constitute him a life member of the board of guardians of St. Pancras.

For the furtherance of so good a work our columns would at all times be open. We shall be happy to give publicity to the composition and acts of the suggested committee, and to the sources and amounts of any contributions that it may receive.

A CONTINUED GRIEVANCE.

IN our issue of the 7th of August last we gave insertion to a well-founded complaint on the part of a recently passed member of the College of Surgeons as to the method pursued by the officials of that institution in unnecessarily inconveniencing the candidates for its diploma. Careful inquiry having convinced us of the entire veracity of the complaint, we ventured to append some remarks showing that, though times have changed, the College officialism is as wanting in progress as it was at the beginning of the century. We regret to find that no improvement whatever has been made in the method of proceeding; and that last week and the week before the candidates were again exposed to the unpleasant ordeal of kicking their heels about the lobby of the house in Lincoln's-inn-fields for upwards of three hours perfectly unnecessarily, and simply to gratify the whim of a set of officials who are so conservative that they cannot receive the fees of fifty or sixty students and issue them their tickets except in the antiquated manner hallowed by years of usage.

The complaint we now reiterate is not a new one. In our impression of the 29th of April, 1865, will be found a letter from "A Friend of the next year's batch," who makes the same complaint that has now been made four years later, and who thus describes the inconveniences experienced:—

"1st. Those who get their tickets first into the box at the College of Surgeons' doors are those who are admitted with the first batch for the *viva voce*; and this, therefore, requires that the students should be down there early, and keep their posts. 2nd. The inconvenience arising from this is, that a man who cannot well stand fatigue would be unfit to answer the written questions. 3rd. Arising from the crush are the bruises caused by the anxious ones who have been deceived in the time they should have been at their posts."

Four years ago, a candidate who was at the trouble to be at the College betimes, had at least the satisfaction of knowing that he stood a good chance of being put out of his misery on the first day of *viva voce* examination; but he is now denied even that small satisfaction, for we learn, on the best authority, that on the recent occasion the early bird by no means picked the early number, whilst the more leisurely applicant was agreeably surprised at finding himself in a more advanced position than he expected. If, therefore, the putting of cards into the box is merely a solemn farce as far as the number of the candidate is concerned, what possible ground can there be for refusing to take the fees until the morning of the examination, instead of during the preceding week, as actually happened on the recent occasion? There must, of course, be some order in which the candidates shall appear for their *viva voce* examination, and if the alphabetical order suggested by our correspondent in 1865, would not, as he says, "please the X. Y. Z. fellows," nothing could be easier than to have a public drawing of the numbers of the candidates either before or after the written examination.

We are aware that at the meeting of the Council on the Thursday preceding the last written examination, a member of the Council, to whom complaint had been made on the subject, asked for information respecting the arrangements we have referred to, and suggested alteration in the mode adopted. It is no surprise to us to hear that the Secretary expressed considerable indignation at the question having been taken up by THE LANCET, and of course maintained that no other method was possible. We beg to differ *in toto* from Mr. Trimmer, and have to assure him that there are various other ways open, one of which, we trust, he will endeavour to discover before the next examination, and we beg to commend the matter especially to the President and Vice-presidents, since it is one which cannot be allowed to rest *in statu quo*.

SANITARY STATE OF STAMFORD.

THE joint Committee of the Stamford Town Council and Improvement Commissioners are endeavouring to induce Lord Exeter to make such additions to the present waterworks as will admit of a more extended supply to the town. We are sorry to find that an opinion is held by some members of the joint Committee that "unnecessary alarm had been excited with respect to the recent outbreak of fever in Stamford." The fact urged in opposition to this view by Mr. Paradise, that two hundred authenticated cases of typhoid fever had occurred in twelve months, would be quite sufficient to prove that the alarm was well founded, even if Mr. Radcliffe had not brought to light the sanitary defects we noticed last week. It is almost incredible that anybody, even a town councillor, can in these days seriously argue that expenditure on sanitary works is unsatisfactory in its results; absolutely so, that Bristol can be put forward as an example of increased mortality following such outlay.

MR. SYME.

MR. SYME may well be gratified at the meeting held in London for the purpose of initiating a testimonial to him. He has apparently not cared much throughout life for men's judgment. He has been boldly fond of his own opinions, and sometimes perhaps too slow to entertain the opinions of others. He has had the faults as well as the virtues of a strongly original man. He has been essentially one of the older race of practitioners, who trusted to their own vigorous and sound observation of phenomena rather than to instruments and methods of investigation, or to the observation of others. Conclusions that other men arrived at through the aid of stethoscopes, microscopes, and laryngoscopes, he arrived at by certain criteria of his own, which, though not so nice and definable perhaps as those of the man of many instruments, were often not less reliable. Confident in his own shrewd judgment, he has sometimes been too near despising the man that used, and needed to use, aids and helps. But take him for all in all, we shall not often look upon a better, a more useful, or a more original surgeon, and upon a man who, when he can be viewed apart from the immediate incidents of a controversy, more thoroughly commands our respect. We all remember how Dr. John Brown estimated him in "Rab and his Friends." And the great meeting in London the other day bore similar testimony. It is no common thing to see such a meeting do honour to a member of the medical profession. He cannot be a narrow or a poor-minded man who could command the admiration of men so various as Sir Roderick Murchison and Mr. Paget and Mr. Carlyle, of pupils, of rivals, and colleagues.

We have never been slow to differ from Mr. Syme, or to blame him where we thought him wrong; but we cordially rejoice to see his useful life crowned with the tribute of such men as assembled to do him honour in London last week.

CROWNER'S QUEST LAW.

OUR contemporary, the *Solicitor's Journal*, has felt aggrieved at some recent observations of ours under the above title, and would fain represent that our animadversions upon certain coroners have been inspired by the fact that these gentlemen were lawyers, and not doctors. It is gravely assumed that we seek, in the mistakes of Lawyer A or Lawyer B, an argument in favour of medical coroners generally. This is by no means the case. We advise the appointment of medical coroners because the business of the office is to inquire into the causes of death; and such inquiries cannot be satisfactorily conducted by country attorneys, who are, almost necessarily, destitute of special knowledge that is necessary for their safe guidance. We no more blame the legal coroner for his want of medical knowledge than we should blame a doctor for his inability to instruct counsel; but we think that any coroner, whether medical or legal, ought to be acquainted with the limits of his own information, and ought to abstain from insulting his betters by advice upon the conduct of their own affairs, which he knows nothing about. A quasi-judicial office is, in this country, regarded with very great respect; and it is therefore an abuse of official privileges when the holder of such an office uses it as a means of denouncing the conduct of other people in matters which they understand and he does not. If the coroner for Nottinghamshire, for example, upon whose modesty we have had occasion to remark, had been able to reflect, it would probably have occurred to him that medical men are guided by some general rule in giving or withholding certificates, and that for this rule there may be good reasons to be assigned. His business, too, was to inquire how the deceased woman came by her death; and for him to censure the doctor about his certificate was as foolish and impudent a liberty as if he had condemned the colour of his coat, or found fault with the cut of his boots.

ST. BARTHOLOMEW'S HOSPITAL.

A LETTER, of which the following is a copy, has, we understand, been addressed to the Charity Commissioners for England and Wales; and we are informed that the Commissioners have called the attention of the governors to the statements therein made, and have requested to be furnished with an explanation of them.

To the Charity Commissioners for England and Wales.

Gentlemen,—A superficial examination of the statements of accounts furnished to you by the managers of St. Bartholomew's Hospital for the last five years (1864-68) makes the following facts apparent:—

1. That although at the beginning of 1866 the hospital had a balance in hand of £4566 12*s.* 11*d.*, apparently arising from the sale of freehold property in the previous year, yet in 1867 it was compelled to borrow £1000 from its own treasurer; and this notwithstanding the fact that in 1866 it had sold out stock to the value of £4442 11*s.*

2. That at the beginning of 1868, before the repayment of the £1000 above mentioned, the balance in hand was no more than £408 5*s.* 1*d.*, while the balance due to the "Coborn fund" was £434 12*s.* 1*d.*; so that on the whole account the hospital was £26 7*s.* in debt.

3. That variations to the extent of £2500 occur in the amount of the tradesmen's bills for different years, without any explanation being given.

4. That the receipts on behalf of the "Coborn fund" for the five years have been £788 14*s.* 10*d.*; but that the amount paid to "incurables," who, it is to be presumed, are the objects of that charity, has been during that time no more than £215.

You will be able to judge, gentlemen, whether these statements make it desirable, in the interests of the public, that the accounts should be more accurately examined. The governors of the hospital are about to hold a meeting at which certain complaints which have lately been made against its management are to be considered; but as nearly the whole of these governors (except certain members of the Corporation of London) have purchased for a small sum of money a share in the administration of the hospital revenues, they scarcely form a body impartial enough to investigate such questions properly. They are, in fact, the accused persons. A few words from you would probably enable them to realise more accurately than they appear to do their relation to the public as trustees of public funds.

INFECTION.

A WRITER in *The Times* suggests that in order to prevent the spread of infectious diseases care should be taken, in national and other day schools, to note the absence of scholars; to ascertain the cause; and, if this be illness, to refuse readmission to the absentee until a certificate is produced from a medical man that he is not likely to infect other children. The suggestion is a wise one, though action upon it will entail trouble and responsibility on medical men, for which they should be paid.

The whole subject of the spread of infectious diseases requires consideration. People who contract them are fit subjects for legislative treatment. But legislation means an interference with the liberty of the subject, and Englishmen are very intolerant of this. The absurd complaints of the Vaccination Act are a striking proof of the difficulty of practising the least restriction on the liberty of the people, even when it is in their own interest, and based on the most unmistakable data. Obviously a man has no right to have an infectious disease if, by a simple procedure, he can avoid having it; and, having it, he has no right to spread it. But the English people are so much more fond

of their own way than of law, that even these principles cannot be applied in a slight degree without creating a grievance and an agitation which impresses the representatives of noisy and democratic constituencies.

The further suggestion of the writer above referred to, in favour of the establishment of local depôts for the gratuitous distribution of disinfectants, is very good. They should be under the supervision of medical officers of health, and instructions should be issued of a definite character.

SEA-BOARD TOWNS AS HEALTH RESORTS.

ONE of the many points of interest raised by Mr. Bailey Denton in his letter to *The Times* of Thursday last is the prevalence of foul smells in sea-board towns. Twice every twenty-four hours the tide rises above the sewer outlets, driving up the sewers the gases generated within them, and forcing them through gully-holes in the streets, or through the stink-traps and syphons of the houses, to pollute the air and endanger the health of the inhabitants. These noxious effluvia are more particularly felt in the better class of houses, which are generally situated in the higher parts of the town; and their influence sufficiently explains the well-known fact that people often return from a sea-side sojourn worse than they went. As to the precise nature of these sewer-gases—aggravated, as they are said to be, by the action of the sea-water—there is no scientific knowledge; and Mr. Denton believes that the Sewage Committee of the British Association has delegated Dr. Paul, a chemist well known for his researches in such matters, to examine the products in question, and furnish materials for sanitary legislation with regard to them. The further we pry into the great sewage and drainage problem the more difficult of solution does it appear; and we shall take another opportunity of testing the arguments and conclusions advanced by Mr. Denton and Dr. Paul.

UNIVERSITY COLLEGE HOSPITAL.

IN consequence of the recent resignation of Dr. George Harley as physician to this hospital, Dr. Ringer will now have charge of beds in the children's wards, in addition to the care of out-patients. Dr. Bastian, at present the junior member of the medical staff, will still retain his title of "assistant-physician," and there will be appointed an additional assistant-physician. For this post there are at present, we learn, two candidates: one being Dr. Wickham Legg, the curator of the Museum of Anatomy and Pathology in the College; the other, Dr. Douglas Powell, assistant-physician to the Brompton Hospital for Consumption. Both gentlemen were distinguished students of University College. No successor to Dr. Harley has yet been appointed for the chair of Forensic Medicine.

SCOTTISH HOSPITAL.

THE clannishness of the Scot is the subject of universal comment and of occasional comedy; but the phenomenon is rarely seen to better advantage than at the annual meetings of the Royal Scottish Hospital, founded by King Charles the Second. Its two hundred and fifth anniversary festival comes off on the 30th inst., the day of St. Andrew, Scotland's tutelary saint. His Royal Highness the Prince of Wales will occupy the chair as Duke of Rothesay, and a large number of the Scottish nobility and gentry will "assist" on the occasion. We hope that these and similar attractions will conduce to the success of an evening which has always proved an enjoyable one, and to the welfare of an institution which subserves many important functions, medical included.

REPRESENTATION OF GLASGOW AND ABERDEEN UNIVERSITIES.

As we anticipated, Mr. E. S. Gordon has taken an "easy lead" against his antagonist, and at the moment of our going to press his return is certain. We need not recapitulate the reasons on which we thought Mr. Smith's candidature unfortunate. Personally, we believe Mr. Smith to be a highly estimable and accomplished gentleman; but his address displayed such crudity of thought on political questions of the highest importance, and his public appearance went so little to redeem the hesitancy and incompleteness of his recorded opinions, that we are at no loss to account for his rejection by a constituency which we know to be Liberal in the main. Mr. Gordon, we are free to confess, has fairly earned his triumph; and, Conservative as he is, he stands pledged to the furtherance of so many reforms, particularly in the sphere of medical legislation, that we have every reason to be satisfied with his return.

"ONLY DRUNK."

A RESPECTABLE man, aged sixty-two, returning home in company with his son, fell down on the pavement on Wednesday night last week, and, in spite of the son's expostulations to have him taken home, was pronounced drunk by police-constable 83 W, who thought he "smelt of beer," and who hurried him off to the station in the usual humane fashion. He turned unwell in the course of the night, the surgeon was sent for, who pronounced the case one of apoplexy, and the poor man died shortly after. The police have had a good deal to answer for lately, so they should be warned not to swell the list of complaints against them by such "mistakes" as this. The diagnosis between apoplexy and the coma of drunkenness is sometimes difficult; and therefore the "force" should never fail, on similar occasions, to err on the side of caution, and either convey the sufferer to the nearest hospital, or send at once for the divisional surgeon. Failing these resources, why not add to their numerous accomplishments some proficiency in distinguishing between the different forms of coma? Rules should be drawn up for this end, as rules are drawn up for the officers of the Humane Society; and even if they are not mastered, still the fact of their existence will act as a caution against the premature diagnosis and treatment of all cases of helplessly prostrate wayfarers as "only drunk."

OVER-TRAINING.

ANOTHER protest against excessive physical training evinces the growing conviction of the public that our schools and universities are going too far in a right direction. No doubt the extreme sedentariness formerly enforced at institutions where the youth of the country spent so much of their most precious years had a mischievous effect on their bodily development; but that system had at least one redeeming merit—it strengthened and sharpened their minds. The new system, on the other hand, not only impedes and impairs mental culture, but it actually does injury to the body itself by the excessive stimulus applied to it. "Vaulting ambition o'erleaps itself" even in trials of agility, and strength is converted into weakness by the over-strain of rivalry. Widening of the right side of the heart, relaxation of the abdominal rings, and such effects of mere violence, are even less prejudicial than the subtle, unseen, but insidious drain on the vital centres incurred by a protracted and severe course of training. By all means let the "palæstra" of the body receive its legitimate attention, but let it so conform to the old Greek ideal as to be pursued concurrently with the "palæstra" of the mind.

Mercury, the god of physical development, as of mental accomplishment—

> Qui feros cultus hominum recentum
> Voce formavit catus et decoræ
> More palæstræ—

would have blamed our modern muscular Christians for the one-sidedness of their exercises. As the god of medicine, moreover, he would have warned the young gymnast of the Nemesis that invariably visits excess. The haste to be strong will make an invalid instead of an athlete, as the haste to be rich will make a pauper instead of a millionaire.

LEAD-POISONING FROM CIDER.

CIDER, when drunk in moderation, is a wholesome as well as a refrigerating beverage; and we have no wish to see it replaced by beer in the agricultural districts. But could not its manufacture be so conducted as to prevent its taking up lead in the process, to the frequent occasioning of colic among its drinkers? In Herefordshire, Mr. Lingen told the Commissioners on the Employment of Women and Children in Agricultural Labour, that lead-poisoning of a very grave character is of frequent occurrence, and clearly traceable to the presence of lead in the cider for which the county is famous. When the mill in which the apples are crushed has been repaired with metallic lead, or when old casks have been extensively lined with sedge and white lead, the acid of the apple-juice or of the cider itself will take up the lead in such quantities as to affect the drinker of the beverage with paralysis of the wrists and hands of a most stubborn kind. Again, the same contamination produces the like results when lead pipes instead of zinc ones have been used to convey cider to the taps in public-houses, especially when the cider is allowed to remain long in the pipes. Could not the use of lead be prohibited in cider manufacture, and zinc substituted for it, so as to preserve in public and professional favour a beverage so refreshing and salutary, and in all respects so superior to the heady beer, which the agricultural labourer wants no excuse for preferring?

THE CONTAGION OF FOOT-AND-MOUTH DISEASE.

THE following contribution to the record of prevailing disorders shows the necessity for closely investigating the causes of the most trivial affections, and will tend, we hope, to allay any fear that may have been created by sensational reports concerning the ready communication of the foot-and-mouth disease to the human subject. At the Evelina Hospital there has been for the last three weeks under treatment in the out-patient department a great number of infants suffering from a form of stomatitis which, in most instances, was somewhat severe, and marked by much superficial ulceration of the tongue, palate, and fauces. The supposed contagion of the foot-and-mouth disease was at once thought of, but on inquiry it was found to be an almost universal occurrence that no cow's milk had been given to the little patients who were thus affected. It was also found that the most suitable treatment consisted in good nourishment, and a liberal administration of that fluid which was considered at first as a probable cause of the present unusual prevalence of the disease.

EDITORS' RAILWAY CARRIAGES.

RAILWAY locomotion is now so universal that the hours spent in the process are frequently utilised for business purposes, such as reading letters, papers, and other documents, often of an important character. In such cases the vibration and oscillation of the carriages are apt to be complained of as distracting attention, impeding perusal, and impairing eyesight. We know of some lines which are much used by the editors of certain metropolitan journals, and which in their carriage accommodation might consult the convenience of these gentlemen considerably. Why not minimise the inevitable vibration and oscillation by capping the buffers with india-rubber, and fixing the editorial carriage tightly between the one before and behind it? By this means the studies of its busy and proverbially sensitive inmates might be facilitated, to the great benefit of themselves and the public. Nor would it be of advantage to editors alone, but to their contributors, as well as to lawyers, engineers, and all who have communications to look over on the rail between suburb and city. There are smoking-carriages; why not "editors' carriages"? The particular train would be accounted an especially safe one—the fear of editorial vengeance being likely to check all negligence. Its motto might be a parody of Cæsar's reputed saying: *Quid times? Editorem vehis!*

ROUGH ROADS AND WORKING DOCTORS.

"WORKING DOCTORS" are not an over-indulged class of the community; and matters must be very bad indeed when they are heard to complain. One of them writes to *The Times* that he cannot visit his patients without being carried over two miles of rough granite, to the great damage of his horse's tender feet and of his fragile vehicle. The barbarism complained of seems peculiar to London. In towns like Liverpool stone-crushers are employed, and the roads metaled and made available for traffic before a horse's foot or a carriage wheel touches them. Why should London be behind Liverpool? Is there no intermunicipal spirit between towns, like the international spirit between countries, to keep the metropolis from being outdone by a provincial seaport? Let us hope that a "Working Doctor" may be as instrumental in curing our rough-metaled roads as he doubtless is in curing the patients to whom they so uncomfortably lead.

JERSEY.

IT is to be hoped that the state of matters in Jersey will not be overlooked or allowed to remain as at present. There is no Medical Act, and quackery is of the most ignorant and pretentious kind. People are buried without a medical certificate, and therefore without any guarantee of having come to their death by fair means. There is much small-pox, because there is no Vaccination Act; and there is no provision made for out-door medical relief to the poor. This has been supplied gratuitously, as far as the medical men of Jersey are concerned, in connexion with the Parochial Visiting Society; but our correspondent informs us that this Society has suspended its operations for want of funds. A more discreditable or unsatisfactory state of matters could scarcely exist.

THE BIRMINGHAM CHILDREN'S HOSPITAL.

THE Committee of Management of this institution are to be congratulated on the manner in which they are adapting as their in-patient department the building hitherto occupied by the Lying-in Hospital. The situation is excellent, the wards airy and cheerful, and the provision for isolating contagious cases most complete. The surrounding grounds are being very tastily laid out, and it would be difficult to point to any edifice which more thoroughly unites the characters of a cheerful home and an hospital for the efficient treatment of poor sick children. It is a mere act of justice to record that the Birmingham Free Hospital for Sick Children was founded by Dr. Heslop, and that the recent improvements have been the objects of his incessant care.

COMMISSIONS.

AMONG the points to which the attention of the governors of our great hospitals should be directed, is the custom of tradespeople bribing officers. Secretaries, and stewards, and other persons, have been found ready to take, and there are plenty of tradesmen ready to pay, so-called "commissions," to the extent of as much as twenty-five per cent., upon the transactions. There is a homely Turkish proverb that "a fish stinks from its head;" and, where this kind of robbery is flagrant, it generally commences rather high up in the official scale, and then passes down through all ranks to the lowest. Where the officer who orders the coals receives twenty per cent. on the account, there are obvious reasons why the man who stores them, and the people who burn them, should also receive something, and why the porter at the gate should be "remembered" at Christmas. Such a custom can only be prevented, or at least can only be rendered impossible, by systems of management and control very widely different from those at present in force.

THE ROYAL FREE HOSPITAL.

WE rejoice to learn that the staff of this hospital have promptly made proposals with the object of remedying some of the defects in the out-patient department described in our Report last week. It is proposed to appoint a third house-surgeon, to take special charge of the minor cases. Three dressers have already been admitted to assist in dressing the surgical cases, and more will be appointed. It is also proposed to place a limit on the number of cases admitted on the same day, and to distribute the patients more equally amongst the staff.

These are all steps in the way of improvement, but we would remind the staff that the mere multiplication of subordinate officers is not the most satisfactory remedy. House-surgeons are generally young and inexperienced, and it is due to the reputation of the hospital that the patients should have the advantage of the highest skill available. We accept the proposed reforms with gratitude, and in the hope that an adequate addition to the staff will also eventually be made.

SIR JAMES ALDERSON, M.D.

ON the 11th inst. the Queen was pleased to confer the honour of knighthood on Sir James Alderson, Esq., M.D., F.R.S., President of the Royal College of Physicians. We beg to congratulate Sir James Alderson upon his attainment of a titular honour, worthily marking the eminence of the individual who receives it at the hand of his sovereign. As President of the College of Physicians, Sir James Alderson represents the whole profession in his own person; and we are glad that the "powers that be" have been so prompt to recognise their merit in him. The present President of the College of Physicians was for many years in practice in Hull, of the infirmary of which city he was long senior physician. The honours he has now attained show how in the present day the distinctions between town and country are levelled, and afford an encouragement to those provincial practitioners who fear that their merits are irrevocably hidden when once they quit the great metropolis.

ENCOURAGEMENT FOR NAVAL SURGEONS.

AT another page will be found a report of a case of successful Ligature of the External Iliac Artery, communicated to THE LANCET by the Director-General of the Navy Medical Department. We direct attention to it because the operation was performed in one of the large naval hospitals of the country, and because the operator was the Deputy Inspector under whose care the patient came in the ordinary course of events — Dr. Robert Bernard, R.N., of Plymouth Hospital. We regard it as a very healthy sign of progress in the naval medical service that an operation of such magnitude should have been successfully performed by a naval surgeon, when the patient, by the simple process of invaliding, might have been readily got rid of and passed on to a civil institution; and we feel sure that the fact that the Director-General has taken special note of the operation and its performer, and has himself directed the publication of the case, will have a most beneficial effect in spurring on others to court rather than to avoid the care of difficult cases involving much personal responsibility. Whilst congratulating Dr. Bernard on his success as an operator, we may, without violating official secrecy, point out, for the benefit of his juniors, that, both before proceeding to Hong-Kong, and also on his return from that station to take up his appointment at Plymouth, he was careful to avail himself of such opportunities of improving himself as an operator as are afforded in almost all the London schools, knowing well that *e libris nemo evasit artifex*.

A SURGICAL PUZZLE.

AT the last examination for the membership of the College of Surgeons, a description was required in writing of "the characters of an ordinary syphilitic sore." No one acquainted with modern views on syphilis will, we think, be surprised to learn that so much doubt and anxiety was excited by this comprehensive inquiry, that a portion of the time allowed for examination was taken up by a short speech from one of the vice-presidents, who felt himself compelled, in consequence of numerous troublesome queries, to give some explanation of the limits and real meaning of the question. We hold that, for the sake of fairness to the examined, who are required to answer a certain number of questions directly and succinctly in a given time, those who examine should put their questions in a clear and intelligible form. Considering that there are ordinary secondary and tertiary, as well as ordinary primary sores, that there are soft local suppurating and constitutionally syphilitic sores, and that primary lesions vary in form, extent, and character, it can well be imagined what dismay would be caused by the above question.

THE VALLEY OF DEATH.

IT is satisfactory to learn that cholera is apparently extinct in this district; and as the season is now so far advanced, we may fairly hope that the disease is at an end for this year in the Bengal Presidency. The outbreak at Peshawur was very sudden and violent, and it disappeared as suddenly as it came. In about fourteen days it is said to have carried off 200 Europeans out of a strength of 2000, Dr. Bell, surgeon of the 36th Regiment, being among the last of its victims. The disease, it has been ascertained, approached the city and cantonments from Cabul. The troops were removed as expeditiously as practicable into camps soon after the appearance of the first cases. What with fever and cholera, the Peshawur valley is the graveyard of the European soldier. Unfortunately, it is said to be, for strategical reasons, a position of such importance that it would not do to abandon its occupation or give it up to soldiers of the native army.

PUBLIC HEALTH.

THE Council of King's College have established a Chair of Hygiene, and have appointed Dr. Guy their first Pro-

fessor. Arrangements will be made for a course of lectures to be given during the months of January, February, and March, 1870.

This movement is eminently in the right direction, and will doubtless be followed not only in the other schools of the metropolis, but in those of the provinces. Sir Stafford Northcote, in his opening address at the Social Science Congress at Bristol, dwelt upon the urgency of having Chairs of Hygiene in every medical school throughout the United Kingdom, with a view to the organisation of a great medico-civil service to deal with maladies affecting the community as distinct from maladies affecting the individual. In self-defence, and for the completion of their professional staff, the Universities of Scotland and of the sister island will not allow themselves to be behind their metropolitan rivals.

THE PATHOLOGIST TO THE EDINBURGH INFIRMARY.

WE are informed that Mr. Lawson Tait has retired from the contest for the above appointment, from an honourable feeling that the claims of Dr. Pettigrew to the post are pre-eminent. We can fully endorse this opinion, and know no one more likely to do credit to the infirmary than Dr. Pettigrew; whilst, if he also is appointed Curator of the University Museum, Edinburgh will be fortunate in obtaining the services of a gentleman who has left a lasting monument of his skill and patience in the Hunterian Museum of the College of Surgeons of England. It will be remembered that Dr. Pettigrew's retirement from the College of Surgeons was caused by a failure in his eyesight, from which we are glad to hear that he has completely recovered.

MORTALITY IN LYING-IN HOSPITALS.

PROFESSOR GUSTAV BRAUN, of Vienna, according to a notice of a pamphlet by him in the *New York Medical Journal* for this month, has arrived at some conclusions in regard to lying-in institutions which are of some interest. At the present time Dr. Braun furnishes tables giving the sanitary condition of the puerperal women in the Obstetrical and Gynecological Clinic of the Josefs-Akadamie, which embrace a period of eleven years. The number of beds devoted to obstetrical purposes is fifty-four. We have not space to go into the statistics; but the Professor concludes that small lying-in institutions do *not* show better results than the large, but rather the contrary. Ventilation alone, though undoubtedly beneficial, is, he says, not sufficient to abolish puerperal diseases. Cleansing the hands before examining patients, although it is a practice which should never be omitted, does not prevent puerperal affections. The special and important conclusion, however, at which he arrives is, that the highest mortality corresponds to, or directly follows, the month in which the greatest number of births took place; or, in other words, that the ill results are, in a great measure, directly traceable to overcrowding. Professor Braun's conclusions are, therefore, so far as they go, precisely similar to those of Dr. Evory Kennedy.

AN ANTIDOTE TO PHOSPHORUS.

M. PERSONNE, a well-known chemical experimenter of Paris, has just communicated to the Academy of Sciences some important facts in connexion with poisoning by phosphorus. He believes that the fatal effects of phosphorus on the human organism are occasioned by the fact that the substance rapidly absorbs the oxygen of the blood whilst burning in that liquid; and in order to demonstrate this he performed a series of experiments with pyrogallic acid, which has quite a different composition from phosphorus, but possesses the like property of absorbing energetically the oxygen of air when placed in contact with an alkali. The results have shown that the administration of the acid to dogs, in doses varying from two to four grammes, produces the same effects, and is attended by the same lesions, as follow the use of phosphorus. As a practical consequence, and in order to prevent the baneful effects of phosphorus, or pyrogallic acid, M. Personne advises the use of turpentine, which must prevent the internal combustion, since, as is well known, it opposes the rapid absorption of atmospheric oxygen by phosphorus, even at a low temperature. This theoretical view has just been applied with complete success in two cases of poisoning by phosphorus under treatment in the Paris hospitals. The patients rallied completely through the timely administration of essence of turpentine. Cases of poisoning by phosphorus are so frequent that it is extremely important to become acquainted with an antidote which has hitherto furnished the best results.

ST. THOMAS'S AND ST. BARTHOLOMEW'S HOSPITALS.

As our Report on the Administration of the Out-patient Department of St. Thomas's Hospital is unavoidably postponed till next week, we think it necessary to draw the attention of the meeting of the Governors of St. Bartholomew's to one point of considerable importance. Previous to the removal of St. Thomas's from Southwark, the assistant-surgeons were compelled to reside within a quarter of a mile of the hospital, in order that their services might be promptly rendered in severe accidents and urgent cases. Since the removal of the hospital to the present site, the Governors having felt the inconvenience arising from the delay in sending to the Borough for assistance, have appointed a resident assistant-surgeon, who is a recognised member of the staff, and is bound to remain constantly in the hospital, and is authorised to perform any operations, however grave, which may be immediately required. At St. Bartholomew's there is no such officer, the house-surgeons not being authorised to operate. In any great emergency these officers are compelled to wait whilst a messenger is sent some miles for the surgeon of the day, and, in case of his inability to attend, to one of the assistant-surgeons, none of whom, however, live very near. By the time of his arrival the patient may be dead.

We think that the members of the staff of our London hospitals would object to their removal to suburban districts, on account of the delay and inconvenience which would certainly arise; but here we have a huge hospital, in the very midst of a dense population, to which accidents of the greatest severity are taken daily, with no resident officer qualified to do more than put the patient to bed, administer stimulants, apply a tourniquet, and wait. Comment is unnecessary.

OPENING OF THE MEDICO-CHIRURGICAL SCHOOL OF LISBON.

THE opening of the Medico-Chirurgical School of Lisbon took place on the 5th inst., in the presence of the King of Portugal, who had graciously deigned to assist at and preside over the ceremony. We cannot but rejoice at the importance which, as this act obviously implies, his Portuguese Majesty attaches to medical institutions and medical studies in his kingdom. Don Jose Lourenço da Luz, the director of the school, complimented the King, who replied in a short speech, expressing the deep interest he felt in the prosperity of the Medical School of Lisbon, and the promotion of science generally. Two other discourses

were delivered: one by the secretary, M. Motta, who proclaimed the names of the various *alumni* who had taken honours and gained prizes; the other, by the distinguished editor of the *Gazetta Medica de Lisboa*, who delivered what is called the address *de sapientia* with considerable success. There was a large concourse of people at the ceremony, among whom were to be noted the officers of the King's staff, as well as all the scientific and literary notabilities of the town.

SECRETORY NERVE OF THE PAROTID GLAND.

PROFESSOR ECKHARD, in his recently published essays, gives a long paper upon the Secretory Nerves of the Parotid, and by a process of exclusion, as well as by direct experiment, he has satisfied himself that the secretory nerve of the parotid gland in dogs is the tympanic branch of the glosso-pharyngeal.

PROF. BOECK, of Christiania, whose name is connected with the treatment of syphilis by the method known as syphilisation, is at present staying at New York, where he has begun a series of experiments at the Charity Hospital. Prof. Boeck was, we believe, temporarily the guest of Dr. Bumstead, whom we may regard as one of the best authorities on the subject of this class of diseases. Dr. Boeck would differ from his host in a matter which the latter views as a fundamental doctrine—viz., the absolute non-identity of the poisons producing syphilis and the locally contagious venereal ulcer.

HER MAJESTY'S troop ship *Simoon* arrived at Portsmouth on the 13th inst. with the women and children of the 99th Regiment that were left behind at the island of Ascension, owing to the outbreak of scarlatina among the troops proceeding home by the *Orontes*. We are glad to hear that the measure adopted was so successful. Only seven cases of scarlatina have made their appearance among the body of women and children left behind, and these were chiefly of a mild form.

A STATUE has just been erected at Piacenza, in Italy, to the memory of Gulielmo da Sallecto, an illustrious physician of the thirteenth century, who taught medicine in the Universities of Pavia, Verona, and Bologna. On unveiling the statue, Dr. Raffaele Bongiorni, of Piacenza, read the panegyric of Sallecto, and complimented the medical men of Lombardy who had promoted the success of this commemorative ceremony.

THE collections in behalf of the Queen's Hospital, Birmingham, on the recent "Hospital Sunday" have produced nearly £4300; exceeding by about £600 the average of the ten years during which the system of joint congregational collections has been established.

THE third anniversary session of the St. Andrews Medical Graduates' Association will be held at the Freemasons' Tavern, Great Queen-street, Lincoln's-inn-fields, on Wednesday and Thursday, Dec. 1st and 2nd. The session will commence on Wednesday at 7.30 P.M., when the Report of the Council will be read, new members elected, and the officers for the ensuing year appointed. Dr. Black's paper on the Clinical Examination of the Urine in relation to Disease will form the chief subject for discussion; and such other communications as time will permit will be read. The session will be resumed on Thursday at 4 P.M. At 5 P.M. the president, Dr. Richardson, F.R.S., will deliver the anniversary address, on the Science of Cure. The anniversary dinner will be held on the evening of the same day, at 7.30 P.M.

THE pressure on our columns has hitherto prevented our noticing the *Edinburgh Medical Journal* for the present month, which contains a very able contribution from Dr. J. Burdon Sanderson, F.R.S., entitled, "Researches on Tuberculosis." The subject is especially interesting at the present time. Dr. Sanderson's article deserves to be read, as it no doubt will be, with thoughtful attention.

THE Registrar-General requests that medical men who meet with fatal cases of relapsing fever will return it in their certificates distinctly under its name, and not simply as fever.

THE anonymous benefactor with the three initials has just forwarded a donation of £1000 to the treasurer of University College Hospital.

A DUTCH barque with a scurvy-smitten crew has been found beating helplessly about the Channel, and towed into Ramsgate harbour. During a long passage from Java, twelve out of the fifteen men became affected with scurvy, and three of them died.

THE chairman of the London Hospital House Committee writes to *The Times* stating that cases of relapsing fever suitable for hospital treatment will be received at the hospital as they present themselves, whether the patients are paupers or not.

DR. JOHN J. KELSO, of Lisburn, County Antrim, has been elected a member of the Royal Irish Academy. Dr. Kelso is an old and valued contributor to the columns of this journal; and we have, therefore, peculiar satisfaction in recording the honourable distinction now conferred on him.

FROM the *North Wilts Herald* we learn that a handsome and suitable building, to be used as a cottage hospital, is now approaching completion at Charlton, near Malmesbury.

THE guardians of the Spalding Union have at last succeeded in finding a gentleman willing to undertake the medical charge of their Gosberton district. It appears we were a little out in our former statement of the salary attaching to this post; not £45, but £40, is, we understand, the amount assigned to the new medical officer.

THE Plympton Board of Guardians have been informed that the Poor-law Board have an objection to relieving officers being appointed to take proceedings in cases of non-compliance with the Vaccination Act, or otherwise to enforce its provisions.

THE deaths from scarlet fever showed a slight decline last week in London, the numbers registered being 218 against 241 in the previous week. This disease continues excessively fatal in some of the other large cities and towns, especially in Sheffield, Hull, Liverpool, and Leeds.

THE LATE RICHARD GRIFFIN, J.P., M.R.C.S.

THIS gentleman died on the 12th November at his residence, Royal-terrace, Weymouth, aged sixty-three. He was born at Norwich in 1806, the youngest of a large family. His father was a private gentleman who settled at Norwich after the French Revolution, which compelled him to flee from Pessy. He was educated at Norwich, and became a pupil of the Resident Medical Officer of the Norfolk and Norwich Hospital. On the staff at that time were Rigby, celebrated for the essay on "Uterine Hæmorrhage," and

Martineau, whose astounding success in lithotomy drew most of the great surgeons down from London to see him operate. He had an unbroken series of seventy-four cases without a death. Can modern lithotrity show as good a return? After his apprenticeship young Griffin spent some months with his brother, commanding a man-of-war cutter in the North Sea. Thence he entered at St. Bartholomew's, in the days when Robt. Gooch (also a Norfolk man) and Abernethy flourished there. Griffin was always in earnest; he took copious notes of the lectures, always making fair copies of them afterwards. Those who remember Mr. Wakley's onslaught upon what the hospital surgeons of those days thought their property will be amused at the following incident. Abernethy one day caught the young student taking notes; he stopped short, and, in his sternest tone, asked what he was writing. "Your lecture, Sir," was the reply. "What shall you do with it?" he again asked. "Keep it, Sir," the student replied. "Because," thundered Abernethy, "I won't have it sent to THE LANCET; I won't allow it to be published, young man." Things are somewhat different now.

Two hours after passing his examination Griffin was on his way to Norwich to canvass for the resident surgeoncy to the County Hospital. He was elected by a large majority, and held the appointment for five years. He was an enthusiastic student of natural history, and during this time he made a large collection of birds, all of which he carefully prepared, taking accurate anatomical notes, and getting coloured drawings. His design was to publish a "History of British Birds," illustrated by drawings of the male, female, young, and eggs of each species. To publish such a work, according to his plan, would have cost about £3000; and, on the advice of Dawson Turner, F.R.S., who told him it would make him a reputation as a naturalist and ruin him as a surgeon, it was abandoned, but the drawings and larger part of the MSS. we hope remain. Many naturalists came to visit his museum. His skill in natural history led to his appointment as honorary secretary to the Norfolk and Norwich Museum, and under his superintendence, which lasted nine years, the institution, which at first held its meetings in one small room, prospered so rapidly that in a short time a site was purchased, and a museum, now one of the finest in the provinces, was founded. Mr. Griffin was an able administrator; he could grasp and conduct business with great skill. By his own exertions he obtained £1400 towards the undertaking. His financial management was as valuable to the institution as his scientific acquirements. In fact, where he was there was no standing still. His impulsive energy kindled the love of work in those around him. It was at this time that a correspondence arose between Mr. Griffin and Professor Owen, upon what was a curious point in natural history. Two specimens of the duck-billed Platypus had been forwarded to the Museum from Van Diemen's Land, and being too putrid for preservation, they were given over to Mr. Griffin for dissection. The results were embodied in a paper read at one of the meetings of the Committee, and were considered so interesting that Dawson Turner, then President of the institution, asked permission to lay them before the Royal Society. The duck-billed platypus was at that time a paradox in the animal kingdom; he was looked upon as an eccentric sort of bird, bitten with the ambition to be considered a quadruped. The paper, illustrated with drawings representing the large mammary glands of the female, the hind claws, with poison sacs, of the male, the curious bifid organ of the male, the teeth and other parts (now in the Anatomical Department of the Norwich Museum), was read at a meeting of the Royal Society on December 15th, 1831. The paper was not published. "The Committee did not think proper to publish it at present, but directed it to be deposited in the archives of the Society." This was the intimation sent to Mr. Griffin on June 13th, 1832.

On June 21st, 1832, a paper was read by Professor Owen on the same subject, and duly published in the Philosophical Transactions, thereby giving the honour of discovery which assigned its true place to the duck-billed platypus to the professor. There is no reason to believe that Mr. Owen was at the time aware of Mr. Griffin's discovery; but we think it due to Mr. Griffin to repeat, what cannot be disputed, and what we said in this journal when we published his paper,*

"Let it be universally known that Mr. Griffin first corrected the error of Sir E. Home and Geoffroy St. Hilaire, the zoologists, the one of the Royal Society of London, and the other of the Institute of France, by announcing that this 'tribe of quadrupeds,' 'not mammalia,' *are* mammalia, and by first detecting the existence of mammæ in the Platypus anatinus."

He was made surgeon to the Great Hospital, and Doughty's Hospital, an institution for aged people, resembling the Salpêtrière at Paris, and honorary surgeon to the Guardians' Dispensary and Infirmary. In addition to these appointments, he had medical charge of the poor of several of the county parishes, under a state of things which has since been altered. The pauper had a permanent hold upon his parish, although he settled at a distance. Thus there were living in Norwich small colonies of poor belonging to rural parishes. When sick, they were treated at the cost of their parishes, and contracts were entered into for this purpose with the medical men practising in the city. These public duties brought Mr. Griffin a large amount of active work, and valuable experience. The Norwich Guardians' Dispensary especially deserves mention, now that what is called the "dispensary system" is being discussed with a view to general adoption for Poor-law medical relief.

This Dispensary resembled in every essential particular the out-patient department of a large hospital. Its centre was a suite of rooms adjoining the workhouse. The officers were two physicians, two surgeons, and a resident apothecary. Patients who were able to attend were seen at the dispensary, where minor surgery was carried out. Serious cases were transferred to the house, and those who required attendance at their own homes were visited. The opinion entertained by the writer, who saw its operation, is that the system worked well, and is deserving of general adoption, at least in large towns. The chief officers were free from the trouble of dispensing, and the centralisation of the work conduced greatly to efficiency and economy of time and money. It also provided an admirable practical school for medical students, who had the advantage of assisting in the practice of the whole staff.

This Poor-law appointment, which found ample work for the chiefs and a body of pupils, was *unpaid*. Whilst the guardians were making a political engine of their office, the very drugs being supplied on political principles, and therefore not very good, Mr. Griffin was struck down with cholera, caught in the discharge of his duties. He was sedulously attended by his friend and colleague, Dr. England, who, we believe, still survives, retired from practice, at Ipswich.

Resigning his appointment, he became a guardian, in order to study the whole subject of Poor-law medical relief, and to aid in practical reforms. He was successful in carrying two important measures, providing for the payment of the medical officers, and increasing the number of medical officers. He did not succeed in obtaining a large amount of private practice, and so removed to Weymouth. Here also he accepted a Poor-law appointment, and with Dr. Johnson Smith established the Weymouth Sanatorium for the Diseases of Women and Children. He was made a magistrate of the borough. In December, 1855, he began that crusade against the existing system of Poor-law medical relief which he carried on for more than ten years with characteristic pertinacity, defying every difficulty and discouragement. No man could be better fitted for the task. His social position was as independent as his character. He had been engaged all his life in the work of a Poor-law medical officer. His experience had made him master of the subject. Some may think that he was deficient in what feeble self-seeking people are pleased to call "tact." To this it is enough to answer that great abuses are not exposed, and difficult reforms are not carried by rose-water aspersions. Richard Griffin was no courtier; he was not subtle; but he was essentially an English gentleman, seeing clearly, speaking boldly, hitting straight, and pursuing an object which he felt to be a good one with sturdy determination to succeed. He had qualities which acquired at once the confidence of those on whose behalf he stood forward to do battle against official inertia. No one could fight a losing battle better than he. He never knew when he was beaten;

* See THE LANCET, July 25th, 1846.

he always managed to keep the field, giving the enemy no rest. Strong in his convictions, he knew the facts, which were his weapons, although they might be parried for the moment, must strike home in the end. So letter followed letter, petitions, memorials, and pamphlets dinned the truth into the most unwilling ears. It was impossible for supercilious officials to shelve him, or for red-tape to secure him in a pigeon-hole. No better instance of his indomitable pluck and skill when things seemed desperate can be given than his conduct before Mr. Villiers's Committee in 1861. At the last hour of the last day Mr. Griffin, Dr. Fowler, and Dr. Rogers, were called to give evidence. Clearly it was not intended to do more than to enable the Committee to say that these gentlemen had been called. They were made to feel very distinctly that their evidence was not wanted. In the face of very marked opposition, Mr. Griffin literally compelled the Committee to receive the large mass of papers and tables which it had cost him six years to collect, and which embodied almost everything that could throw light upon the medical relief of the poor. Being handed in, all this matter had to be printed in the blue-book. It filled nearly eighty pages, and was thenceforth the standard of reference for information, serving as ammunition for those who might follow him in future campaigns. Thus, when all thought he was beaten, when the Committee fancied they had checkmated him, he in reality achieved a substantial victory. He placed upon official record the facts and the arguments which are destined to ripen into reform.

Mr. Griffin still continued to work in the good cause. He drew up a searching analysis of the evidence given before this Select Committee, annotated it, and distributed it amongst the members of the Legislature, and of the Poor-law Medical Association. The Executive Council of the British Medical Association, of which body he was a member, forwarded a memorial to the Select Committee, and the Royal College of Surgeons and the Apothecaries' Society addressed petitions to the House of Commons.

In 1864, his incessant labours received grateful recognition at the hands of his associates. Mr. W. Prowse (Amersham), first suggested in THE LANCET that some testimonial should be offered him. The idea was warmly taken up, and carried to a successful execution by Dr. Fowler. Upwards of 400 Poor-law medical officers subscribed £213 14s. 3d. Of this sum, £15 5s. 6d. was appropriated to clear off a balance due to Mr. Griffin for expenses incurred as chairman of the Poor-law Medical Reform Association. The rest was devoted to the purchase of a silver épergne, representing the Good Samaritan giving succour to the man who fell among thieves. This was presented to him at a public meeting held at the Freemasons' Tavern in July, 1866, and presided over by the veteran reformer, Mr. Lord, of Hampstead. But even then he was thinking of work. He could not help profiting by the occasion to bring up a long petition to the Poor-law Board, which the meeting adopted.

Soon after this, Mr. Griffin's Reform Association amalgamated with Dr. Rogers's present Association. Rarely has a medical agitation been carried on with so much vigour and skill. If not immediately successful, Mr. Griffin undoubtedly paved the way for the ultimate success of others. Of him it may truly be said that he educated his party, trained them for the fight, and when full victory comes it will be chiefly through the compulsory education to which he subjected the public and the Legislature. He was always ready to acknowledge the merit of his predecessors in the cause. He cordially recognised the services of the Poor-law Convention presided over by the late Dr. Hodgkin, and having for its secretary Mr. Lord. The active members of this Convention were the true pioneers. Those by whom the standard is now borne owe their main strength to the labours of those who have gone before them. They should not forget the merits of those who have placed the means of conquest in their hands. One result of Mr. Griffin's agitation is already gained. He proved so conclusively that medical knowledge was requisite to detect and appreciate defects in the Poor Law, that the Government has strengthened the Board by the appointment of medical men as inspectors.

The name of Richard Griffin must always be honourably associated with Poor-law medical reform. He was warmly attached to his profession, ever jealous of its honour, and ever foremost in vindicating it against assaults from without, and the more dangerous injuries arising from meanness and dishonesty within. It would, however, do but scant justice to Mr. Griffin to conclude that he laboured only for his profession, or for his own interest. That he sacrificed the latter is well known; his purse suffered heavily, and his health broke down under the exhausting struggle. He took a higher aim. He felt first for the poor, and next for the common welfare. If he concentrated so much power in exposing the wrongs of the Poor-law medical officers, it was because he was intimately convinced that to deal with these in a niggardly, oppressive spirit was really to neglect and oppress the poor. This was his constant argument. His pamphlets and the Blue-book containing his evidence, supply abundant proofs that justice to the Poor-law medical officer means justice to the poor, and sound political administration.

It was a favourite saying of the late Mr. Wakley that the Tories were capital medical reformers. Of the truth of this there can be no better example than Mr. Griffin.

Early in 1867 he suffered a first attack of apoplexy. From this he only partially recovered. It left him much shattered. It did not, indeed, altogether subdue his innate mental energy, but it was in vain that he struggled to work as was his wont. A few days before he died, another stroke paralysed the side left unaffected by the first, and prostrated him beyond recovery. He sank on the 12th of November.

He married, in early life, a daughter of General Waudby. She, two sons, and a daughter survive him. Both sons were educated for the profession on whose behalf he had sacrificed so much. One, Dr. R. W. Waudby Griffin is in practice at Southampton; the other, who graduated in Arts at Oxford, and was a Radcliffe Travelling Fellow, is in practice at Weymouth. An elder brother, Admiral Griffin, and a sister, the wife of the Rev. Dr. Stebbing, of London, are still living.

In his relations to others he was scrupulously exact. He was conscientious and painstaking towards his pupils. No pressure of business made him neglect what he thought his duty in this respect; he would regularly give half an hour or more to reading with them, to help their studies, and would commonly take for his text some standard book, sometimes those lectures of Abernethy which he had stored up. He never lost an opportunity of showing them anything he could. There was a touch of satire in his composition, and when a surgeon not distinguished for dexterity was about to operate at the hospital, he would urge his pupils to go, saying, "Now you will learn something; errors in practice are far more instructive than good surgery; a palpable error you will never forget."

He testifies to his regard for the Norwich Museum and the Norfolk and Norwich Hospital by leaving to the first institution nineteen guineas, and to the second £250. He was buried on the 18th inst., at Weymouth Cemetery.

Few men pass away leaving better memories or more widespread regret than Mr. Griffin. He was emphatically one who lived nobly; devoting great abilities, sterling integrity, energy that never flagged, courage that never quailed, and an indomitable will to the promotion of the public good. Such men are rare. Public interest no less than gratitude demands that posthumous honour, too often their sole reward, should be freely given them. Not many of the world's idols deserve to be remembered with more honour or more affection than Richard Griffin.

R. B.

ST. PANCRAS AFFAIRS.

THE Board of Guardians have adopted the report of a Committee appointed to consider the recent proposals of the Poor-law Board in reference to the Leavesden Schools and the Highgate Infirmary. The Committee recommend that the proposal relating to the schools be accepted, but that the Poor-law Board be requested to defer the constitution of a new sick district until other propositions had been considered.

The Poor-law Board has refused to sanction the dismissal of Dr. Ellis without inquiry, arrangements for holding which will be made as early as possible.

By direction of the Board, two of their inspectors, Mr. Corbett and Dr. Bridges, visited the workhouse on Sunday night, and copies of their reports on the state of the in-

firmary have been sent to the guardians, but have not been made public.

A document has been sent to the newspapers for publication, signed by Mr. W. R. Arrowsmith, Vicar, Old St. Pancras, J. W. Mason, M.R.C.S., L.S.A., and eleven other ratepayers, containing a protest against the representations which have been made as to the bad condition of the infirmary.

The inquiry into the causes of certain deaths in the workhouse has terminated in a verdict that "death was accelerated by the want of sufficient attention being paid to the sanitary condition of the workhouse infirmary," with a recommendation that the attention of the President of the Poor-law Board should be called to the subject.

The guardians, in consequence of the proceedings on Wednesday before the coroner's jury, had a special meeting on Thursday to consider the propriety of removing the whole of the sick paupers from the workhouse infirmary into public hospitals, and to make a thorough examination of the building and remedy as far as possible its defects.

Correspondence.

"Audi alteram partem."

THE CASE OF LEOPOLD I., KING OF THE BELGIANS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of November 6th, I read a paper purporting to be a history of the case of the late King of the Belgians, and to be written by the late M. Civiale. Assuming that Civiale wrote that history, it may be accepted, for anything I know to the contrary, as a fair account of the case while his Majesty continued under that writer's care.

But I protest that it is not in any sense a complete or accurate account of the King's case, and I write these few lines solely for the purpose of making that protest; lest silence on my part should lead your present or any future readers to imagine that I believed it to be so.

First,—The account of my opinion of his Majesty's case, and of the operations I performed, is exceedingly inadequate and inaccurate.

Secondly,—The long attendance of Langenbeck, of Berlin, which intervened between Civiale's operation and my own is merely alluded to with this remark: "It is not known what he said or did," &c. What Langenbeck said and did *is* well known, although Civiale was ignorant of it; but it should have been thoroughly understood by anyone who undertook to write a history and comment on the entire case.

It is a great pity that any incomplete account of that remarkable and difficult case should have been published. Obviously, its history should not be written by any one of the operators. I drew up a very careful account of all that took place in the period during which I had the honour of attending his Majesty, and which terminated for the first time in completely and permanently relieving him from the stone in his bladder. A copy of that account was deposited at the time in the keeping of two well-known members of our profession, and when it is necessary, if ever it should be so, can doubtless be given to the world. But on the strength of that attendance, I am manifestly not the person to give an entire sketch of the case, any more, I repeat, than was Civiale, any more than would be Langenbeck, because all other attendance than his own could only be known to the writer by hearsay.

Only one or two persons are qualified for that task—viz., those who were in constant attendance on his Majesty from the first operation by Civiale to the last by me; and who had watched the Royal patient from his earliest symptom to his complete recovery in the summer of 1863.

If they can be induced to furnish you with the case, you will have a very different and a much more interesting document than that which was published by you under Civiale's name.

I regret exceedingly to be compelled, in the interests of truth, to utter a word of criticism on a paper which purports to be written by my late esteemed friend Civiale: a paper which I feel very certain he would not have desired to publish in its present form. He would at least have endeavoured to fill up the important hiatus referred to, and he would have obtained from me that which he never had in any form—namely, a detailed account of my opinion and operations.

I am, Sir, your obedient servant,

Wimpole-street, Nov. 15. HENRY THOMPSON.

REPLY TO DR. BROADBENT'S OBJECTIONS TO THE RATIONALE OF THE DECUSSATION OF NERVE-FIBRES.*

To the Editor of THE LANCET.

SIR,—Allow me briefly to state why I cannot entertain Dr. Broadbent's criticism† as in any way affecting the validity of my hypothesis.

1. When it is objected that the *rationale* proposed is not a real explanation, because any merely teleological explanation, such as it is, falls far short of the requirements of science, this, I imagine, must be taken to mean that the *rationale* points to the purpose of the decussation only in its relation to man, whereas, for a complete explanation, its bearing on the general scheme of the construction of living beings required to be unfolded. If so, I most certainly admit that the explanation offered will not suffice for such peculiarities, if there be any, in the arrangement of the nerve-fibres in question, as are to be ascribed to those general biological conditions that entirely transcend specific adaptation. The full interpretation of the mechanism of the human body in all its parts, perhaps in any one part, is not to be sought in utilities exclusively human. But it would be too absurd to conclude from this that it is unscientific or useless to endeavour to discover how the structure of its organs subserves the functions of the human body. If it were so, there could be no plea for any merely human physiology, for the objection applies with as much propriety to any proposition in that science, however well established, as it does to my hypothesis. The construction of the ear, for instance, may not be precisely what it would have been if it had been fitted up solely with the design of letting man hear, and consequently the explanation that limits itself to simply showing how it answers that design may perhaps be properly regarded as incomplete; but, instead of being unscientific or useless, most persons would be inclined to consider it of, at least, equal importance with the wider teleological inquiry into its general biological relations.

2. It is said that the data on which my hypothesis is founded are assumptions entirely unsupported by proof, because there is no evidence to show "(*a*) that the fibres of the posterior nerve-roots are distributed to the muscles," and "(*b*) that such fibres will be excited by the contractions of the muscles." To this I have only to say, that if both of these statements are not established facts, then the one great step in the anatomy and physiology of the central nervous system, since the days of Charles Bell—the demonstration, namely, of the decussations in the spinal cord—may be, for all that is known, a mere delusion, for they are integral parts of the proof of it. With regard to the alleged assumption (*c*) that for the sake of a few fibres coming from the muscles the mass of fibres coming from the skin are made to decussate, I must remark, in the first place, that the relative proportion of the muscular and cutaneous nerve-fibres in the posterior roots appears to be misrepresented in this statement, as might be expected, following as it does the assertion that the muscular nerve-fibres are entirely non-existent. But, in the second place, whether the cutaneous nerve-fibres be many or few relatively to the muscular—and so long as the problem remain unsolved, nothing ought to be made of either view—if they did not decussate along with the muscular, they would have to do so somewhere before reaching the brain, otherwise the tactile would be separated from the muscular sense of the same side of the body, by being placed one in each hemisphere of that organ. The explanation, in fact, is the same as for the decussation of the motor nerves.

3. With respect to frogs and other animals, at least among reptiles and birds, whose motion is bilateral, it re-

* See THE LANCET of October 9th. † Ib., Oct. 23rd.

quires to be kept in mind that in them, "the decussation of the spinal cord is not so complete nor so immediate as it is in mammals."* This concurrence of bilateral movement with imperfect decussation is a fact that lends additional probability to my hypothesis. Then, again, with regard to a reflex movement excited in one limb after division of the spinal cord, there is perhaps no reason why it should not propagate itself to the other, and thence back again to the first, and so on indefinitely, except that the primary movement is always too feeble, and the muscular energy too easily exhausted, under such circumstances, to permit of it.

Finally, the theory is not correct, it is said, because there is a decussation in the spinal cord for the arms as well as for the legs, while only the latter exhibit alternate movements in progression. Now, if it be a fact that, in walking or, better still, in running, when the hands are at liberty, the upper limbs do not alternate or tend to alternate after the same fashion as the lower, I confess the hypothesis has received its death-blow. But then, is it a fact?

I am, Sir, your obedient servant,

Aberdeen, Oct. 26th, 1869. JOHN M. CROMBIE.

ST. BARTHOLOMEW'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—Every true Bartholomew man, old and young, must feel grateful to you for calling public attention to the management of Bartholomew's Hospital. Will you kindly allow me a little space to direct that attention also to a few particulars affecting chiefly the students. Each student, on entering at the hospital, is required to pay "a general fee for attendance on hospital practice and lectures," as high as, if not higher than, any other London hospital, viz., £99 15s., which he, of course, expects will procure for him all the privileges of the hospital. However, he soon finds that if he wishes for instruction in either of the following subjects—operative surgery, comparative anatomy, and dental surgery—he must pay for each a fee of two guineas; the same amount for entrance to the library. Microscopic anatomy, and the use of chemicals for practical chemistry, each one guinea. Should he wish to be directed in his studies for the University degrees, he must pay five guineas to the hospital tutor, and seven guineas more for the additional medical practice required by those bodies. If he desires to hold a dressership for three months, he must pay his surgeon twelve guineas; if for six months, eighteen ditto; and lastly, should he be fortunate enough to become house-surgeon, he must pay fifty guineas on entering office. Moreover, should he be anxious to possess more than a cursory knowledge of the diseases of the eye and skin, he is obliged to pay as extras fees to special hospitals, and incur the extra trouble and expense of attending there.

Such was the state of things a year ago; now, I believe, the house-surgeons only pay twenty-five guineas, and each surgeon "gives away" annually four dresserships of three months each—i.e., he has four dressers who pay him nothing, and twelve or sixteen, if he can get them, who pay him twelve guineas each. Can we wonder then, that the number of students decreases, and that "old Bartholomew men" send their sons and their pupils to other hospitals because they can't support their "ALMA MATER"?

To the Editor of THE LANCET.

SIR,—Having been a nurse myself in St. Bartholomew's, I can answer for the truth of the way in which the nurses are treated there. Neither tea, sugar, or butter is found, nor beer in a surgical ward, and often the meat sent up for our dinners was not fit to eat; in fact, I should have been half-starved had I not bought provisions for myself. Our bedrooms, so called, was without light, and the only ventilation afforded us was from the staircase. I was up on duty from 11 o'clock one night until about 9 the next; and sometimes later, if a critical case was in the ward, cleaning and dragging great heavy baskets up two flights of stairs. I got the remuneration of 8s. per week. When ill from exhaustion the early part of the present year, the remark was made that the work was enough to kill a horse.—I am, Sir, &c.,

NURSE.

(I send my name, but would rather not have it published).

* "Physiology of the Central Nervous System," part iii., p. 37.

To the Editor of THE LANCET.

SIR,—Objections have been raised to the letter from "Magdalen," published in your journal the week before last, on the ground that it is necessary for the students to see such cases. This cannot be denied; and very likely the majority of patients in the ward in question are not of a class whose feelings would be much hurt by the mode of exposure of which this patient complains. But it has always seemed to me rather hard on a woman who has any feelings of modesty to be obliged to exhibit her misfortune in this way, in the presence of other women who will laugh at her for having such feelings as soon as the ward is clear. And I must do my fellow-students the justice to say, that the tittering complained of by "Magdalen" proceeds, not from them, but from the other beds in the ward.

Anybody must have noticed the way some women bury their faces in their hands or under the bedclothes the instant the inspection is over. I have never been able to understand why it should be more sinful in any man or woman to catch one of these diseases, *cæteris paribus*, than to escape it. It looks as if we punished them for being more unfortunate than others who are exposed to the same risk.

At an old hospital like this, there are sure to be many customs which have come down from less civilised ages, and might be changed with advantage, though, from finding them in use, we do not object to them. I should suppose that this is one of them. I think it must impress strangers unfavourably, because an American physician, who lately came into the ward while one of the surgeons was going round, expressed his surprise and disapprobation in very strong terms, though in an undertone, and left the ward immediately. I am, Sir, your obedient servant,

A STUDENT.

OZONIC ETHER AS A REMEDY IN DIABETES.

To the Editor of THE LANCET.

SIR,—There is a remark in Dr. Day's letter upon the subject of Ozonic Ether in Diabetes, inserted in your last week's impression, which I cannot allow to pass unnoticed.

In March last you published a communication from me in which I gave the results of my experience concerning the peroxide of hydrogen and ozonic ether in diabetes. Besides mentioning what I had observed—viz., an absence of any remedial effect, I entered upon the question of what the agents were calculated to be capable of accomplishing towards oxidising the sugar passing through the system in diabetes, it being in this way that they were alleged to act. I adduced, as an example, the case of a patient assumed to be passing eight pints of urine in the twenty-four hours, and the urine to be charged with forty grains of sugar to the fluid ounce, which, in the absence of a restricted diet, only forms a moderate representation. Under these circumstances, the sugar voided in the twenty-four hours would amount to 6400 grains. To oxidise this, or resolve it into carbonic acid and water, would require 19,854 *cubic inches* of oxygen; and against this demand for oxygen to effect a disappearance of the sugar by oxidation, there would be supplied by (according to the ordinary mode of administration) four half-drachm doses of ozonic ether for the day,—about *thirteen cubic inches*, and by four two-drachm doses of the aqueous solution of the peroxide of hydrogen, rather over 17 *cubic inches* of oxygen!

Now, with reference to this, Dr. Day, after expressing the belief that the peroxide of hydrogen consists of water and antozone, and that the blood-globules have the power of changing the antozone into ozone, remarks, "It is evident Dr. Pavy's calculations are based on false premises, for it is ozone, or oxygen in a state of exalted activity, and not atmospheric or neutral oxygen, which is liberated in the blood."

Does Dr. Day contend by this statement that a given quantity of oxygen possesses a higher oxidising capacity, or, in other words, will go further as an oxidising agent under the form of ozone, than when in the ordinary state? If so, by all means let him retain the idea that my calculations are based on false premises. I expressly granted, in my communication, that the oxygen in the peroxide of hydrogen enjoyed *an oxidising activity* not possessed by

oxygen as it exists in the air; and I allowed, for the sake of argument, that the sugar in diabetes might undergo oxidation by its influence; but that oxygen, by being ozonised, is susceptible of amplification in the manner required to meet Dr. Day's views, is certainly a doctrine to which I cannot *as yet* subscribe.

I am, Sir, your obedient servant,

F. W. PAVY.

Grosvenor-street, Grosvenor-square, November 17th, 1869.

ON MECHANICAL ASSISTANCE DURING LABOUR.

To the Editor of THE LANCET.

SIR,—In reply to Dr. Protheroe Smith's letter in THE LANCET of last week, I beg to say that the short paper which I read "On Mechanical Support during Labour," at the meeting of the Obstetrical Society on Oct. 6th, was written and sent to Dr. Murray, the secretary, in June last, ready for the meeting in July, which I was prevented attending. It was written, therefore, *before* Dr. Smith exhibited his Pelvic Band at the Obstetrical Society meeting in July, and also *before* the meeting of the British Medical Association at Leeds took place.

One of the chief advantages I found at the very first in the use of my supporter was its forming a good point of attachment to the ends of the abdominal belt in cases of malposition of the uterus forwards, thus being a great improvement on the old-fashioned plan of using a jack-towel for that complication, as described in some of the old writers.

That Dr. Smith's instrument may have advantages which mine has not (such as to rectify the malposition of the unimpregnated uterus), I will not attempt to deny; but I cannot be accused of being a copyist.

I am, Sir, your obedient servant,

WILLIAM WOODWARD, M.D.

Worcester, November 15th, 1869.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

DUPUYTREN.

THE name of Dupuytren has been brought upon the *tapis* here by two circumstances of quite recent occurrence: the erection of a statue to his memory at Pierre-Buffière, his native place, and an attack upon his scientific reputation, which fell from the pen of Professor Verneuil, in this gentleman's article "On Nélaton and the Microscopists," an account of which I gave you in one of my last letters. M. Nélaton in his now famous lines published in *Le Figaro*, whilst alluding to the growing pretensions of the microscopists, had quoted the example of Dupuytren as having become one of the glories of French surgery, by simply cultivating the great outlines of the surgical sciences. M. Verneuil, in his answer, would not let this pass, and in a few severe lines he demolished Dupuytren's reputation as a surgical celebrity. *Inde* an intense emotion in the camp of Dupuytren's admirers and former disciples. M. Diday, of Lyons, as I informed you, took up the gauntlet, and warmly vindicated the fame of his illustrious master. Others have followed in the wake, so that *La Gazette Hebdomadaire* has returned to the subject, and supported its charge against Dupuytren by the following graphic and striking description of the great surgeon of the Hôtel Dieu, which, I am sure, you will peruse with interest:—

"We have known Dupuytren, but not intimately enough and at too early a period of our medical studies, to be able, personally, to penetrate his character, or appreciate his surgical capacity. Yet we have preserved within us a vivid impression of a large man, with thick white hands, noble features, a large forehead, a cold and penetrating eye, and a disdainful lip—a man whose voice, carefully modulated, charmed the ear; whose clear, elegant, and methodical elocution attached the listener, and carried persuasion to the mind; who could draw from clinical data, and from his own vast experience, unexpected flashes of light, and often surprise by the daring and precision of his diagnosis; but who was also—and this is not the most brilliant feature of this retrospect—a slave to pride and to an insatiable passion for celebrity, subordinating every interest, and even the interest of truth, to that of his own; ever ready to seize upon the discoveries of others, disavowing his own mistakes, glorying in those of his colleagues, endeavouring to give out as the effects of sudden inspiration only the results of laborious meditation; holding the hospital as a theatre, and his professorial chair as a throne. Such is our Dupuytren. If we add that his surgical work is not great, and has been almost entirely demolished by his successors, one cannot help seeing in the undeniable supremacy of Dupuytren an additional proof of this truth,—that men make their way in this world much more by the force and solidity of their character than by the extent of their intellect. There was more sharpness than elevation in Dupuytren's intellect: it was a clear and penetrating ray of light, but a limited one; he was not one of those lights which illumine the horizon."

After this curious, and perhaps very faithful, description, which places Dupuytren before us under a new light, and almost as a theatrical personage, comes another damaging estimate by the departed Malgaigne, in which Dupuytren figures as a vain-glorious man, whose scientific honesty was of so low a standing, "that one must not be surprised if the halo which surrounds his name has so quickly perished; and if the young surgical generation, judging him only from his works, weighing the little which is left of him, uncertain of the legitimacy of his discoveries, and still less sure of the sincerity of his results, denies him the elevated rank to which his old admirers had too complacently raised him. This reaction ought not to go too far; but it is only just, and contains a salutary lesson. One must not lay claim to glory when he has only striven to obtain celebrity." (A Biographical Notice of Dupuytren, by Malgaigne. Paris, 1856.)

After such a picture of Dupuytren, one would be inclined to doom the man for ever, and to regret having ever paid him a tribute of admiration for his remarkable surgical services. I should not like such an impression to be left upon the minds of my readers, and I consider it is only justice (as the *Gazette Hebdomadaire* has, with great propriety, itself set the example) to put as a set-off to the above opinions a few passages gathered from the discourse which Baron Larrey delivered at Pierre Buffière, on unveiling Dupuytren's statue:—

"His aptitude for diagnosis was something wonderful. He seemed sometimes to be inspired by a sort of superior divination, as when, after having examined a tumour, for example, he simplified, by reasoning and by a method of exclusion, the most complex elements thereof, as if he had already brought it into view with the bistoury and the microscope.

"Dupuytren's greatest talent was his elocution, admirable for its clearness and its simplicity, through his deep knowledge of the subject, and his methodical co-ordination of material. He never raised the tone of his voice, and yet he maintained silence among three or four hundred attentive listeners. The irresistible charm of his lectures not only attracted a crowd of students, but a large number of practitioners anxious to hear him, and even men of other professions,—*savants*, lawyers, and literary writers, who proclaimed him a great orator.

"His ability as an operator was secondary only to that of the professor. In the preliminaries of all his great operations, he ever kept his self-possession, presiding over the necessary preparations, full of calm method and foresight. When the moment of action came, he would measure his auditory at a glance, and place himself so as to allow everything to be seen, and then he would commence the operation, conducting it with a hand more distinguished for firmness than for delicacy, but guided by a perfect knowledge of the anatomical region, and by an invincible self-possession amidst the most unforeseen and the most alarming accidents.

"He has been blamed for not having written a larger number of works. How and where could he have found the

necessary time? We answer this singular reproach without any difficulty, by showing that if he did not write ponderous volumes, or get others to write them for him, he has published or inspired numerous writings of the highest merit."

The small *éclat* of the *fête* which took place at Pierre-Buffière, and the limited number of medical worthies who attended the ceremony, have been mentioned by an English contemporary as a proof of the discredit into which Dupuytren has fallen in France. But there is not such a reaction here as to account for the fact on that ground. True, in this age of criticism, the halo which surrounded the illustrious surgeon has lost somewhat of its brilliancy, and the hero's blemishes have been justly pointed out and condemned. But whatever may have been Dupuytren's faults, and though his fame was mostly personal, and confined to his own time, he does not the less remain one of the brightest stars of French surgery. If he wrote little, he formed a brilliant pleiad of disciples, into whom he inculcated, as it were, all the valuable points of his experience and ability, and who still sustain his fame and reputation. Such is the general feeling here, and I cannot help thinking that if the recent ceremony at Pierre-Buffière was such a poor turn-out, it is due in a great measure to the lukewarmness exhibited by the profession in Paris on every such occasion. There does not exist among the ranks of the French medical body a proper recognition of the services rendered to the profession and to medical science. Such marks of esteem and honour as are so often given to eminent men in England are not even dreamt of in France, and nothing can give you a proper idea of the want of ardour and cohesion manifested here by medical men on every possible occasion. Let not the comparative success of the Laennec memorial be taken as an example to the contrary. It is, at the utmost, but a solitary exception, due to the careful preparation and "getting-up" of the local authorities; and among the many inducements which were held out, and which attracted to the spot such "an extraordinary" number of Parisian medical men, was no less a one than the prospect of an excursion to Brittany, which is one of the most picturesque and *recherchés* districts of France. If necessary, I am quite ready to give proof of what I assert.

FURTHER EXPERIMENTS WITH CHLORAL; ITS GREAT VALUE AS A THERAPEUTICAL AGENT, ESPECIALLY IN CHOREA.

Chloral is still the great scientific attraction here, and I believe there is scarcely an hospital physician, or surgeon, or chemist in Paris who is not more or less experimenting therewith at present. Every week fresh results of experiments are brought forward, either at the Academy of Medicine, or that of Sciences; and indeed the last sitting of this latter Society was unusually interesting from a medical point of view, on account of the variety of communications on the subject *à la mode*. The results of the meeting were much in favour of Liebreich's views of the properties of chloral, and of its transformation into chloroform when once in the human organism. M. Bouchut's memoir, which formed the main feature of the sitting, clearly expresses these views; whilst M. Bussy, one of the Academicians, announced a forthcoming communication from M. Personne (a French chemist of great distinction), whose researches on chloral have also turned out in favour of Liebreich's statements. M. Dumas wound up the discussion by a few words of encouragement, most eloquently expressed, to the young medical generation. There was a field, he said, for young medical workers! Two substances, namely chloroform and chloral, which at the time of their discovery had been investigated only in an abstract manner, and from a purely theoretical point of view, have since taken a place among the most precious therapeutical agents; chloroform for surgery, and chloral for medicine. How many other compound bodies were doubtless in the same case.

These last communications on chloral at the Academy of Sciences have been the more favourable to Liebreich's views, as all the preceding ones had more or less contradicted them. If you remember, I mentioned at the time that Demarquay, who was the first to experiment here with chloral, questioned the anæsthetic properties of the drug, whilst admitting that it was a most excellent hypnotic. On the other hand, M. Léon Labbé admitted its anæsthetic properties; but both these investigators denied the transformation of chloral into chloroform. M. Bouchut now declares—and I must sum up briefly, so as not to devote too much of my letter to this subject—that chloral is a powerful sedative of the nervous system, motor as well as sensitive; that it must be employed in a crystallised form, and perfectly pure; that it must not be administered beyond doses of five grammes to adults, and one to two to children; that it is dangerous to employ it in subcutaneous injections; that it is more speedily absorbed by the rectum than by the stomach; that its action is that of chloroform, into which it is transformed within the human organism; that it brings on sleep, sometimes accompanied by a not unpleasant intoxication, seldom by hyperæsthesia, and most frequently by anæsthesia, which is more or less complete, according to the strength of the dose.

There is one point which M. Bouchut seems to have investigated with peculiar care—I mean the therapeutical properties of chloral; and as this part of the subject has been less ventilated than that of the physiological effects of the substance, I subjoin, in M. Bouchut's own words, the results of his practice:—"As a therapeutical agent, hydrate of chloral is *the* sedative of violent pain in gout; of the atrocious sufferings occasioned by nephritic colic and dental caries; in a word, *it is the very best of anæsthetics administered through the stomach*. Lastly, it is the quickest and most efficacious remedy in intense chorea, when it is required to abate speedily a condition of restlessness which is in itself a peril to the life of the patient."

Paris, Nov. 15th, 1869.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examination for the diploma, were duly admitted Members of the College at meetings of the Court of Examiners held on the 16th and 17th inst.:—

Barker, Richard H., Hungerford.
Barrett, A. W., Stepney.
Bennett, Frederick C., L.S.A., Salisbury.
Bolton, John G. E., Mauritius.
*Brodie, Edward F., L.K.Q.C.P. Irel., Dublin.
Brooks, Samuel B., L.F.P.S. Glasg., Kirton, Lincolnshire.
Christian, John G., Rhyl, North Wales.
Clark, Andrew, L.S.A., Greenford.
Crisp, James L., South Shields.
Davies, Francis P., M.B. Edin., Birmingham.
Davies, William B., Llandovery.
Derbyshire, Francis, Manchester.
Durham, Frederick, Northampton.
Elphick, Edward, L.R.C.P. Lond., Adelaide, S. Australia.
Fisher, Frederick A., Holloway.
Gaitskell, Edward F., L.R.C.P. Lond., Streatham, Surrey.
Gill, William, Torquay.
Harris, Henry, Denmark-hill.
Harris, James A., Audley, Staffordshire.
Harrison, Henry F. G., Fareham, Hants.
*Hiron, John H., L.S.A., Studley, near Redditch.
*Hobley, Simon H., L.S.A., Carnarvon.
Hodges, William, Bristol.
*Hutton, Robt. J., L.R.C.P. Edin., Lever-street, City-road.
I'Anson, W. A., Newcastle-on-Tyne.
*Joy, Frederick W., L.R.C.P. Edin., Brandon.
*Laslett, Frederick W., L.R.C.P. Edin., Charlton, Kent.
Lawrence, C. H., L.S.A., Adelaide, S. Australia.
Ley, John W., South Molton.
Little, Charles E., Lynn Regis, Norfolk.
Malham, Wm. P., L.R.C.P. Lond., Kidlington, Oxfordshire.
Mayhew, Charles H., L.R.C.P. Lond., Kingston, Jamaica.
Mitchell, Joseph, L.S.A., Leicester.
Norton, Herbert, Forest-hill.
Page, Herbert W., Carlisle.
Risdon, Alfred, Dolton, North Devon.
Roberts, Richard L., Ruabon, North Wales.
Rosser, Walter, L.S.A., Risca.
Rowland, Edward R., Send, near Woking.
Saunders, William E., Peckham, Surrey.
Seaton, Edward, Surbiton.
Simon, Maximilian F., Blackheath, Kent.
*Smith, Richard T., L.S.A., Hebden-bridge, Yorkshire.
*Snell, Enock, L.S.A., Leeds.
Solly, Stephen F., St. George's-circus, S.E.
*Stables, Walter W. G., L.R.C.P. Edin., Wandsworth.
Symons, Henry E., Stoke Newington.
*Taylor, Frederick E., L.S.A., Norwich.
Thompson, Philip, Penshall, Durham.
Tovè, George F. E., Crewkerne.
Vachell, Charles T., Cardiff.
Walpole, Arthur H., Norwich.

* These gentlemen passed in Surgery at previous meetings of the Court, and, having subsequently obtained medical qualifications, were admitted Members of the College.

Three other candidates were admitted to examination, but

failed to satisfy the Court, and were referred for a period of six months' further professional study.

The first and second parts of the professional examination for the Fellowship of the College will commence on the 20th and 24th inst. respectively.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 11th :—

Fenton, George, Great Smith-street, Westminster.
Sers, Robert Hauslip, Epperstone, near Southwell.

The following gentleman also on the same day passed his first professional examination :—

Sieman, John, St. Mary's Hospital.

THE EDINBURGH MEDICAL SCHOOL.—Prof. Lister has been elected a Foreign Member of the Medical Society of Norway, and has received a diploma dated November 3rd. The Edinburgh School promises well as regards the number of students. Up to the 12th instant no less than 147 first-year's medical students had entered. Considering that this was only the second week of the session, and that 138 was the total number of first-year's students last year, it is evident that this old and famous school loses nothing of its popularity. It remains to be seen whether the fears of a contemporary will be realised, and more than merely educational results follow from the admission of ladies to the medical studies of the University.

LONDON HOSPITAL. — The operations of Prostatic Lithotomy, and of Drilling of the Humerus, are expected to be performed, by Mr. Maunder, this day (Saturday), at 1.30 P.M.

A LUNATIC ASYLUM in Ohio was burnt on the 29th of October, and ten raving maniacs, who were confined in an upper room, and who were forgotten in the excitement, perished in the flames.

IT is understood that the late Mr. Peabody has directed his executors to pay over to the trustees of the Peabody Fund for the erection of dwellings for the poor of London, the sum of £150,000, thus making up the total amount of his benefaction for that purpose to £500,000.

DR. COOK, the medical officer of the Gateshead Fever Hospital, and one of the Union medical officers, has reported to the guardians several cases of fever from the Felling, the inference being that something is wrong in the sanitary condition of that locality.

GLASGOW UNIVERSITY. — At a meeting of the Glasgow University Medical Society, held on Thursday evening, the 11th instant, for the purpose of choosing office-bearers for the ensuing session, the following gentlemen were elected :—Honorary President: Dr. G. H. B. Macleod, Professor of Surgery. President: Mr. John C. Fletcher. Vice-Presidents: Mr. William S. Anderson, Mr. Robert Sinclair. Corresponding Secretary: Mr. John N. Millar. Minute Secretary: Mr. William Sneddon. Treasurer: Mr. George Ronald. Committee: Messrs. James W. Anderson (secundus), Samuel Biggart, John S. Stewart, Henry Clark, James Glendinning, and A. Black Morrison.

Medical Appointments.

BANKS, Mr. W. M., has been appointed Demonstrator of Anatomy at the Royal Infirmary School of Medicine, Liverpool, vice Dr. F. T. Roberts, appointed Demonstrator of Anatomy at University College, London.

BARBER, H., M.D., of Ulverston, has been appointed Assistant-Surgeon to the 5th Administrative Batt. of the Lancashire Rifle Volunteers.

BEACH, F., M.R.C.S.E., has been appointed Physician-Accoucheurs' Assistant at King's College Hospital.

BURNHAM, R., M.R.C.S.E., has been appointed Medical Officer for the Keelby District of the Caistor Union, Lincolnshire, vice G. Burnham, M.R.C.S.E., deceased.

BURROUGHS, Mr. G. E. E., has been appointed Resident Obstetrical Officer at the Charing-cross Hospital.

CARTER, Dr. W., has been appointed Lecturer on Botany at the Royal Infirmary School of Medicine, Liverpool, vice Dr. F. T. Roberts, appointed Demonstrator of Anatomy at University College, London.

COPPINGER, Dr. C., has been appointed Assistant-Surgeon to the Mater Misericordiæ Hospital, Dublin.

CORY, Dr. F., has been appointed Medical Officer for the Buckhurst-hill District of the Epping Union, Essex, vice Pritchard, resigned.

COTTERILL, A., M.R.C.S.E., has been appointed Resident House-Physician at King's College Hospital.

CROMBIE, Dr., has been appointed "substitute" for Dr. Reith as Medical Officer to St. Nicholas Parish, Aberdeen.

FAITHORN, G., M.R.C.S.E., has been appointed a Medical Officer to the new Infirmary at Chesham, Bucks.

FOX, E. C., M.B., has been appointed Assistant Medical Officer to the Argyll District Lunatic Asylum, Lochgilphead, vice W. Dongan, M.B., C.M., appointed Medical Officer for the Parish of Glassary, Argyllshire.

FRASER, T. R., M.D., has been appointed an Assistant-Physician to the Royal Infirmary, Edinburgh.

GOSSE, Mr. C., has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, King William-street, Strand.

GUY, Dr. W. A., has been appointed Professor of Hygiene at King's College, London.

GUILMETTE, Mr. J. W., has been appointed Dispenser at the Manchester Workhouse Infirmary, vice Mr. P. F. Brownridge, resigned.

HARRIS, A., M.R.C.S.E., has been appointed Junior Assistant Medical Officer at the Workhouse Hospital, Manchester, vice Bennett.

HARWOOD, A., M.R.C.S.E., has been appointed Public Vaccinator for the Cleator District of the Whitehaven Union, Cumberland, vice J. Brockwell, L.R.C.P.Ed., resigned.

HATHERLY, H. R., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Radford District and the Workhouse of the Radford Union, Nottinghamshire, vice Stephenson, resigned.

HOLE, J., M.R.C.S.E., has been appointed Medical Officer for District No. 7 of the Kingsbridge Union, Devon, vice Wallace, resigned.

HURRY, T. K., M.D., has been appointed Medical Officer for the Parish of Rudgwick, in the Horsham Union, Sussex.

HUTCHESON, Dr. G. W., has been appointed interim Resident Surgeon of Belford Hospital, Fort William, Inverness-shire, vice J. G. M'Kendrick, M.D., C.M., resigned.

LITTLE, C. E., M.R.C.S., has been appointed Resident Medical Officer at the Charing-cross Hospital.

MANLEY, E., M.B., has been appointed Medical Officer for the St. Michael District of the Township of Manchester, vice R. W. Ledward, M.D., resigned.

MILLES, Mr. G. R., has been appointed Resident House-Surgeon at King's College Hospital.

MONCKTON, Mr. M., has been appointed Surgeon to the Royal Maternity Charity.

MUIRHEAD, C., M.D., has been appointed an Assistant-Physician to the Royal Infirmary, Edinburgh.

NIXON, Dr. C., has been appointed Assistant-Physician to the Mater Misericordiæ Hospital, Dublin.

PETTIGREW, J. B., M.D., F.R.S.L., has been appointed Pathologist at the Royal Infirmary, Edinburgh, vice T. G. Stewart, M.D., resigned, and appointed third ordinary Physician.

REID, T., M.D., has been appointed Waltonian Lecturer on the Eye in the University of Glasgow, and Surgeon to the Glasgow Eye Infirmary, vice G. Rainy, M.D., deceased.

THOMPSON, E. S., M.D., has been appointed Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, vice S. S. Alison, M.D., resigned.

TOWT, G. F. E., M.R.C.S., has been appointed House-Surgeon at the Charing-cross Hospital.

WALSHE, Dr., of Clare-street, has been appointed a Surgeon to Jervis-street Hospital, Dublin.

WIDDAS, D., L.R.C.P.Ed., has been appointed Medical Officer for the Sutton-upon-Derwent District of the Pocklington Union.

Births, Marriages, and Deaths.

BIRTHS.

BAYLIS.—On the 7th of Oct., at San Josi, Santa Clara County, California, the wife of A. W. Baylis, M.R.C.S.E., of a daughter.

DUKES.—On the 29th ult., at High House, Enfield (Highway), the wife of M. Charles Dukes, M.D., of a daughter.

ISTANCE.—On the 15th inst., at Risca, Monmouthshire, the wife of R. Istance, M.R.C.S.E., of a daughter.

M'INTYRE.—On the 11th inst., at Horse-grove House, Rotherfield, Sussex, the wife of John M'Intyre, M.D., of a daughter.

REYNOLDS.—On the 11th inst., at Pembroke Dock, the wife of Howard D. Reynolds, L.R.C.P., M.R.C.S., of a son.

THOMSON.—On the 11th inst., at Sheffield, the wife of Alex. Thomson, M.D., Assist.-Surgeon 2nd Batt. 22nd Regiment, of a daughter.

MARRIAGES.

BRADLEY—COPE.—S. Messenger Bradley, F.R.C.S., of the Old Hall, Longsight, Manchester, to Annie Gertrude, eldest daughter of Richard Cope, Esq., of Harboro' House, Sale, Captain 7th Lancashire Militia.

COATES—SMITH.—On the 11th inst., at Crediton, Frederick Wm. Coates, M.D., of Malvern, to Mary Agatha, daughter of the Rev. C. F. Smith.

DEATHS.

COLE.—On the 12th inst., William Cole, M.R.C.S.E., of Merice-town, Devonport.

FOSS.—On the 15th inst., William Foss, Surgeon, of Stockton-on-Tees, aged 58.

GARLICK.—On the 12th inst., J. W. Garlick, M.D., of Halifax, aged 67.

HENNEY.—On the 13th inst., at Castledawson, Dr. Francis X. Heeney, aged 25.

KENRICK.—On the 13th inst., George Cranmer Kenrick, of Seend, Wilts, aged 63.

KING.—On the 14th inst., Wm. King, L.F.P. & S. Glas., of Irvine, Ayrshire, aged 47.

THORP.—On the 15th inst., at Chilcomb Lodge, New Ross, J. C. Thorp, M.D., Staff Assistant-Surgeon Army.

Medical Diary of the Week.

Monday, Nov. 22.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Nov. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Sir George Grey, Bart., "On some Quartzite Implements of Paleolithic Type from the Drift of the Cape of Good Hope." — "On the Races and Languages of Dardistan hitherto undescribed."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. W. Meyer (Copenhagen), "On Adenoid Vegetations in the Naso-Pharyngeal Cavity."

Wednesday, Nov. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Moxon, "On a Case of Paraplegia."

Thursday, Nov. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Nov. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Cholmeley: "Case in which a peculiar Eruption appeared during the Exhibition of Bromide of Potassium." — Mr. Cooper Forster: "Cases in which Torsion has been Employed." — Dr. Oppert: "Cases illustrative of the Treatment of Syphilis by Hypodermic Injection."

Saturday, Nov. 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

DR. SLATER, OF ISLINGTON, AND THE POOR-LAW BOARD.

DR. SLATER has at length been permitted to resume his duties. The Poor-law Board agree with the guardians in reprimanding Dr. Slater for having sent an unqualified assistant to a case of fracture instead of his recognised substitute; and the reprimand will, no doubt, act as a caution to other medical officers similarly placed. The Board are of opinion that no blame attaches to Dr. Slater in the case of Kirk's child, as it was clear that he was not informed of the patient's address. The Board recommend that Dr. Slater should be required to make proper arrangements for having the name and address of every person applying to him as medical officer carefully taken down and notified to him. They observe that the entries in the medical relief book have been imperfectly and irregularly made, and they request that the guardians will impress upon Dr. Slater the necessity of his strictly complying with the requirements of the regulations of the Board with regard to that book, and point out that all attendances by his substitute or any other person on his behalf should be entered in the book in red ink. Upon this we would venture to remark that strict compliance with this rule is practically impossible. The book being kept at the surgery of the medical officer, he cannot make the entry at the actual moment of his visit. He cannot always tell beforehand whether the patient will be visited by his substitute or himself, nor, after, whether it has been done. The only reliable mode of recording the visit is by a note made at the patient's house. We have already called the attention of the Poor-law Board to the impracticable character of the medical relief book, its uselessness as a register of disease, and for affording information to the guardians. The latter is proved by the all but universal habit of demanding certificates for "inability to work," "removal," and "extras" of various kinds, all of which increase the labour of the medical officer, and make him appear to the poor in the light of relieving officer. In a proper system of reporting, no such certificates would be placed in the pauper's hands.

THE CONTAGIOUS DISEASES, AND THE APPLICATION OF RESTRAINT TO BOTH SEXES.

WE have received from a correspondent, whose character entitles his opinions to every consideration, a lengthy and well-reasoned communication upon the subject of applying the same law to men suffering from certain contagious diseases as to women under similar circumstances. He says that if a man give disease to a woman, there is no law that takes cognisance of it, either under our own or any other European Government; and he asks why, if it be considered just and equitable to deprive women of their liberty for offences which are not, legally speaking, crimes, may not the same be done to men? "Women are placed under restraint, although the sin they commit is often the consequence of their poverty and misery, sometimes of their ignorance; whilst men, who have neither of these excuses to plead, are allowed to spread contagion unpunished. A more unequal state of things can hardly be imagined. Women are imprisoned that the health of men may be insured; as if the one sex were worth the attention of the Legislature only in so far as it was concerned with the health of the other." The Colonial Legislature of Hong-Kong enacted an ordinance in 1866, which directs that "if any man communicate disease to a prostitute in a licensed house, he is liable to fine and imprisonment." Our correspondent argues that something similar to the plan adopted in cases of filiation might be applied as a check to the spread of contagious disease; and he proceeds to discuss, *seriatim*, many of the objections which would be raised against this view. The question is worthy of consideration, although we confess that we entertain a different opinion from that put forth by him. In the first place, it must not be forgotten that Government does not concern itself with the moral aspect of the question. It is only in so far as a woman exercises a trade which is physically dangerous to the community that Government has any right to interfere. It does so on the same grounds that it claims to interfere with a railway when in a dangerous condition, or with a trade that exercises an injurious effect on the public health. Morally, the male sex may be as guilty as the other, or even more so; but in the above respect there is a well-defined distinction. Again, the women do not, as a rule, know the names of their paramours; and even if they did, we do not see how they could distinguish them so as to identify the sources of contagion. Mistakes would be numerous, and the system proposed would not be practicable, nor would it be tolerated. Lastly, there is every reason to suppose, as Ricord said, that a woman gives twenty diseases of this sort for every one she receives; and, what is more, she may be quite ignorant that she is the subject of any disease, which is not likely to be the case with a man.

Medical Service of the United States Army.—Apply to the Secretary of the American Embassy in London. We believe the chambers are in Portland-road.

A QUESTION IN MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—Will you please to help me to advise in the following case, on which my opinion has been asked?

A. is a general practitioner, who leaves his practice to travel with a nobleman. B. is a neighbouring practitioner, who has occasionally seen patients for A., but is not on this occasion requested to act for him. In A.'s absence, one of his patients (who a year before had been seen by B. for A.) engages some doctor of his own choice, but becomes dissatisfied with him. Mrs. A. at this time, meeting B. in the street, tells him, "You might as well have that case," or words to that effect. Presently the patient writes to B., putting himself under B.'s charge, without mention of A. Upon A.'s return, B. writes to him, offering to transfer the patient, and saying nothing about fees. A. answers that he wishes B. to continue in attendance. B. does so, and A. again leaves home for some weeks, this time on holiday. Subsequently the patient having, at B.'s instance, recurred to A.'s services, A. requests from B. a statement of B.'s dealings with the patient, with a view to division of spoil. To this claim, as a claim, B. is disposed to object, thinking that under the circumstances he has a right to the whole of the fees.

Upon this story, as told by B. after cross-examination, and I believe strictly accurate, will you please to tell me whether you think A. or B. to be in the right? If you decide for the division of the fees, will you further say whether such division should be after deduction of B.'s expenses, which in this case happen to be considerable? And thirdly, how should B. act in the event of the patient again sending to him?

Your obedient servant,

London, November 5th, 1869. GAMMA.

P.S.—It may be to the purpose that I should add that A. contemplates a change of neighbourhood, so that he is not likely to be able to return B.'s services in kind.

*** Judging from the statement of facts as laid before us, we are of opinion that A. may be supposed to have virtually relinquished his practice when he left the neighbourhood; and that, in the absence of any notification to the contrary, and a request on A.'s part for B. to act vicariously for him during his absence, he (A.) does not in strict justice possess any claim to the fees in question, and certainly not to more than half their amount. In addition, we consider that the division should be made after the deduction of B.'s expenses. Should the patient hereafter send for B., the fact of his doing so amounts to a voluntary selection of B. for his medical attendant, and B. is entitled to consider him as his patient.

VACCINATION AT WINLATON.

THE *Gateshead Observer* only does justice to Dr. Maggett in exonerating him from blame in connexion with the hitch in vaccination at Winlaton. Public vaccinators are not meant to use any lymph they can get, but fresh lymph from the arm of a child whom they and parents of other children can approve.

Taxidermist had better consult another taxidermist.

FORMS FOR SCHOOLS.

OUR contemporary, *Nature*, has a short paragraph describing an invention by a Mr. E. Kunze, of Chemnitz, in Saxony, of a model form for schools, recommended by Dr. Schildbach. The form in question strikes us as a simple and good expedient for preventing the occurrence of stooping shoulders and lateral curvature of the spine, which are not by any means uncommon among schoolboys. Dr. Schildbach states that amongst more than 1000 children whom he examined in several schools at Leipsic, he found only a few who did not show some deviation of the spinal column, traceable to the use of improper forms. The absence of backs to the forms, and the space between them and the table, are the main defects. Children get tired, and acquire a habit of stooping, the back being curved, especially its lower half; the thorax sinks between the shoulders, and the chest and stomach suffer pressure. When they write under these circumstances, the body has an unnatural twist given to it, and one shoulder is raised above the other. Mr. Kunze's invention consists of a table with an inclined plane, divided by cross bars into separate desks, the boards forming these being movable, and capable of being drawn out. Each seat is curved, has a separate back, and is of a shape best calculated to give proper support without undue pressure. Underneath the table is a shelf for books, &c., and beneath this a foot-board. The latter provides against cold from draughts—a by no means unimportant provision, considering how many children suffer from chilblains. The separate backs admit of the children leaving their places, by stepping over the form, without disturbance to the others.

A SAD CASE.

Mrs. Beck, whose melancholy case was referred to last week, has asked us to thank those gentlemen who have so promptly responded to her appeal. By their timely aid she has been enabled to meet her most immediate and pressing requirements.

F.R.C.S., (Southampton.)—We regret that the pressure on our columns prevents the insertion of our correspondent's lengthy communication.

Mr. Moss.—*Mr.* Bunting's correction was inserted in our last number. We cannot repeat it.

Dr. Budd, (Devonport.)—Time will prove.

THE SHEFFIELD BOARD OF GUARDIANS AND THE SICK POOR.

To the Editor of THE LANCET.

SIR,—Noticing your remarks in respect to the unfortunate girl, Mary Ann Wragg, I take the liberty of stating the case to you as clearly as I can.

In the Sheffield Union, relief to the poor is given in committees. The committee to which the Wraggs applied I do not belong to, and only knew of the death when, as Chairman of the Board, I investigated the charge of death from starvation. The girl was admitted on the 13th of October as an out-patient of the Hospital and Dispensary—an institution supported by subscriptions. Mr. John Taylor, the under-surgeon to the hospital, saw the child, and sent a medical note to one of the relieving officers of the union, stating that the child would die unless supplied with meat and wine. The relieving officer saw the child on the 14th, and made an order for 3 lbs. of meat and a pint of wine, telling the parents they must apply to the guardians on the Board-day (the 20th) if they wanted any more aid. The relieving officer found the father was at work, that he earned usually from 20s. to 21s. per week, but that particular week only 15s. On the Board-day (the 20th) the Wraggs were called to appear before the guardians, but did not answer to the call. However, before the guardians left, the father entered the room, and made an application for wine and meat. The guardians thought the man was not destitute; and, knowing that the medical officer of the Hospital and Dispensary had the power of ordering wine from his own institution, and also having no fresh medical note before them, refused Wragg relief. Mr. John Taylor says he did not *then* know the Hospital and Dispensary gave wine to out-patients, as he is a newly appointed medical officer. The junior physician, Dr. J. C. Hall, has, however, written to the papers, stating wine could be given. I very much regret the death of the poor girl; so, I am sure, do the guardians more immediately concerned, on the committee. The man is not a steady man; he gets from 20s. to 21s. per week as a rule, and the child might have had wine from the medical institution. I wish the guardians had given the wine; but they did what they thought was right. This is the plain case, which I hope you will excuse my placing before you. I remain, Sir, yours, &c.,

GEORGE L. SAUNDERS,
Sheffield, Nov. 13th, 1869. Chairman, Sheffield Board of Guardians.

"A DIFFICULT CHOICE."

A REMARKABLE occurrence has happened in the Town Council of Louth, in Lincolnshire, the members of which have lately been realising the situation of Captain Macheath as regards the choice of a Mayor for the ensuing year. The names of two gentlemen were submitted to the Council in the usual way of being proposed and seconded; and upon the arbitrament of voting it was discovered that both the nominees were regarded with equal favour, nine members of the Council supporting one, and nine the other. To get out of this dilemma, it was then proposed to re-elect the late Mayor; but that gentleman was unwilling to serve a second year. So the names of the two nominees were again submitted, and again the votes were equal. Then two other names were tried, when, oddly enough, seven votes were recorded for each of them. An adjournment was proposed until the evening, in the hope that some arrangement might be come to; and on reassembling, the two original nominees were brought forward, one of them being finally elected by nine votes to eight. We have the pleasure to record that the two "charmers" about whom the Louth Town Council so evidently felt "How happy could I be with either," are both members of our profession. The one elected is Dr. Sharpley, who also holds the office of County Coroner; and the other is Dr. Bell.

Mr. W. H. Brockett.—We should not like to write without medical particulars of the case alluded to by our correspondent.

MRS. GLADSTONE AND RELAPSING FEVER.

EVER foremost in all philanthropic work, Mrs. Gladstone makes a proposal which, in the impending visitation of relapsing fever, ought to stimulate prophylactic measures in other directions. It is her wish that the Convalescent Home should be enlarged by reopening the houses at Clapton "for the gratuitous reception of those recovering from the fever;" and for this purpose she asks the public to aid her by forwarding subscriptions to her at Carlton House-terrace, or to "the Clapton account" with Sir Samuel Scott and Co., Bankers, Cavendish-square. We hope the appeal will be liberally responded to. Such "homes" as Mrs. Gladstone's subserve a peculiarly important function in an epidemic of the relapsing kind; and it is quite possible that the benefits of the institution will be so signalised in the course of the winter as to lead to similar institutions being multiplied throughout the land. Mrs. Gladstone will associate her name with a far higher achievement, even from a medical point of view, than is likely to reward the more ambitious aspirants of her own sex, whom nothing will satisfy but a doctor's gown!

Mr. W. A. Atwood.—The patient should either dispute the right of the party in question to make a charge—he not being a surgeon, and using the title falsely,—or offer him a reasonable sum; and if this is declined, then leave the dentist to prove the justice of his claim.

H. F.—4, Sloane-square, Chelsea.

Medicus, (Dublin.)—We must decline to recommend one kind of fluid.

STATE OF THE PUPILS DURING SLEEP.

To the Editor of THE LANCET.

SIR,—I have to thank Mr. Newton B. C. Lee for his reference to Dr. Baly's translation of Müller's Elements of Physiology. His extract is a complete confirmation of the statement of your correspondent, "J. H. J.," and of my own.

Admitting that the pupil is contracted during sleep, it remains to be shown why such is the case, as from *à priori* reasoning the conclusion would be just the reverse. Anatomically described, the iris is said to be composed of two layers—an anterior or muscular, and a posterior or pigmentary layer, called the "uvea." The muscular layer is described as consisting of circular and radiating fibres; these are said not to be very distinct in the human subject, but to be much more distinguishable in some of the lower animals, as in birds, who are supposed to have the power of dilating and contracting the pupil voluntarily, so as to bring objects at a near or distant range within view (*vide* Dr. Carpenter's Principles of Physiology. Dr. C. describes some of the muscular fibres as being striped).

I will now briefly describe what may be observed with the naked eye, or with an ordinary magnifying glass, of the structure and action of the iris. Most superficially may be seen a series of loops commencing irregularly and indistinctly at the outer margin or circumference of the iris, but terminating in distinct loops at a little distance from the pupillary margin (say one-sixth of the half diameter), the convexity of the loops looking towards the pupil. Passing behind these, and coming to the margin of the pupil, are a series of straight bundles of fibres, closely arranged, and extending uniformly all round the pupillary margin, their truncated ends giving a slightly uneven appearance to the circle of the pupil. On watching these, you can see them distinctly move as the pupil dilates or contracts.

It is well known that the flexors of the limbs are more powerful than the extensors, and consequently the attitude assumed during sleep, or on lying down to sleep, is that of semiflexion of the trunk and limbs. Now, assuming the existence of circular and radiating fibres in the iris to exist, the analogy between these fibres and the extensors and flexors may be presumed to exist also, and thus the contraction of the pupil during sleep will be explicable as dependent on the same cerebral condition as induces flexion of the limbs. This contraction differs altogether from the active contraction induced by the stimulus of light, which is a direct reflex action, and induced by quite an opposite cause.

In a case of epilepsy which I was called to some years ago, the patient remained in a state of profound sleep for forty hours; the respiration, circulation, and state of the skin were perfectly natural, and the pupils contracted. The case was carefully watched at frequent intervals, but nothing done. The patient then awoke, and perfectly recovered. The attack was brought on by anxiety and trouble. The patient had a fit some years previously from a similar cause, but had been perfectly free in the interval.

There is a very interesting paper by Dr. Hughlings Jackson on Ophthalmoscopic Examinations during Sleep (*vide* Royal London Ophthalmic Hospital Reports). In this the optic disc is proved to be paler in the sleeping than in the waking state, and that the arteries are smaller and the veins larger. He also states that "the difference in the size of the arteries and in the coloration of the optic disc during sleep and waking was but slight." Thus showing the "thin partition" that divides the sleep of health from the various other conditions induced by disease or medicines. I think it also explains the relief obtained in many forms of headache by the abstraction of blood by leeching from the temples. It also shows that during sleep there is a state of anæmia from the diminished state of arterial injection, while there is at the same time a state of venous congestion.

The important bearing of these observations upon certain pathological conditions is obvious. The emotional states of the pupil form an interesting subject of inquiry. As the adult cranium admits of only holding a certain quantity of fluid at any time, the various conditions of arterial injection, venous congestion, and effusion, must bear a certain and definite relation to each other; and these states, conversely, must depend upon certain states of the heart's action, either as inducing increased arterial action and circulation, or venous stasis or delay in the return of blood to the head, and hence pressure on the contents of the cranium.

The sleep of drunkenness and the epilepsy of drunkenness are also deserving of attention. Your obedient servant,

Bristol, November 1st, 1869. ROBERT W. ELLIS.

To the Editor of THE LANCET.

SIR,—To the question of your correspondent, Mr. R. W. Ellis, of Bristol, on the irides during sleep, I beg to say that my observations on the small size of the pupils during sleep, &c., were first made known more than fifty years ago in the *Medical and Physical Journal* (with coloured plate).

Your obedient servant,

Saltash, October 29th, 1869. NICHOLAS LITTLETON.

THE VACCINATION PROSECUTIONS AT WORCESTER.

WE do not think these cases among the happiest illustrations of the working of the Vaccination Act. The opposition of the parents does not seem to have been, in the case of Lee, very unreasonable, or, in the case of Mills, very intense. In the former case the non-vaccination was justified by the opinion, right or wrong, of the medical attendant of the family; and we cannot sufficiently express our disapproval of a public vaccinator asking for the reasons of a medical certificate of unfitness for vaccination, or going to see a child, the patient of another medical man, to sit in judgment on the unreasonableness or otherwise of his opinion or his certificate. The law courteously leaves that to the discretion of the family attendant, and the public vaccinator being a medical man should not be less respectful to him. Surely the law does not contemplate the public vaccinator's going to see the patients of private practitioners. Suppose Mr. Griffiths thinks that a child labouring under whooping-cough is not in a fit state for vaccination, and that Dr. Woodward thinks it is, is this difference to be paraded in a court by the public vaccinator, and is the magistrate to be asked to decide the difference? We may, and do, agree with Dr. Woodward that the presence of mild whooping-cough is not a reason for not vaccinating a child, though we are not so clear as he seems to be as to the utility of vaccinating a child who has had small-pox. But surely this is not the way to use an Act which in its very nature is somewhat irritating to the public, and is being worked so as not to enlist all the good feeling of the medical profession.

Medicus will find in THE LANCET for November 6th, p. 665, an answer to a correspondent, in which we stated the legal obligations of registrars in respect of deaths not certified as to their causes by a legally qualified medical practitioner; and the question now put is incidentally replied to in that answer.

EXTERNAL USE OF DIGITALIS IN SUPPRESSION OF URINE.

To the Editor of THE LANCET.

SIR,—On reading THE LANCET of Oct. 6th, I noticed a case of Suppression of Urine cured by the External Use of Digitalis, by Mr. H. D. Reynolds. It has lately occurred to me to have almost a similar case under treatment, with the exception that in my case the suppression of urine lasted for about thirteen days, without any indication of symptoms of uræmic poisoning.

Mr. ——, a rather scrofulous-looking man, aged forty, sent for me one day, and on my arrival he complained of severe pain in the bowels, thirst, incessant vomiting, together with great tenderness over the region of the kidneys, especially the left, so much so that he could not bear the slightest pressure, and that he had not voided more than a wineglassful of urine for the last three days. I prescribed for him the usual remedies, such as salines combined with non-stimulating diuretics (bicarbonate of potash and tincture of digitalis), anodyne fomentations and poultices to the back and abdomen, which gave him only temporary relief from pain. He went on for another seven days without any improvement, and no signs of passing urine, and no desire at all to do so. On the eleventh day I ordered ten leeches to be applied to the loins, a warm bath, and to have his abdomen covered with green digitalis-leaves, secured by a broad flannel bandage, to be left for twelve hours, at the end of which time there were no signs of the kidneys acting; but the frequency of the pulse had diminished considerably. I changed the digitalis-leaves, and applied fresh ones in the same way as the first, to be left for another twelve hours, at the expiration of which time I was delighted in finding my patient able to pass urine freely, and expressing himself as better in every way, and freer from pain than he had been for a fortnight. He has ever since continued to pass urine in abundance; the tenderness over the loins has gradually subsided. He is now taking iron, and progressing favourably.

I remain, Sir, yours truly,

Llanrwst, November 8th, 1869. E. JENKINS, L.R.C.S., &c.

A. M. would like to know whether Dr. Drysdale means us to believe that the girl Martha ——, whose case is related in THE LANCET of Nov. 6th, in the report from the Metropolitan Free Hospital, derived "an indurated sore on the left vulva" from merely occupying the same bed as her elder sister, said to have been infected with syphilis by the bite of a weakly child of eight months old. If so, can Dr. D. explain the method and the way by which the poison was conveyed to Martha? Will Dr. D. also explain why he made no genital examination of Esther? Our correspondent has not the same amount of faith Dr. D. seems to have had in taking her mere word as to her condition. As it is, without further elucidation, our correspondent deems the case of the elder sister extremely doubtful as an illustration or proof that certain cases of syphilis are "either hushed up or misunderstood in this country," and must entirely deny the truth of the doctrine (if such be really meant) that the mere fact of sleeping in the same bed accounts for the phenomenon in the younger sister. Esther may have been the author of Martha's sore; but assuredly, if so, in a much less mysterious manner than by supposing a floating syphilitic poison. At the same time our correspondent would like to know what is meant by the "left vulva."

A GRATEFUL PATIENT.

A SURGEON residing in a provincial city, whose father formerly practised in the same place, but has since gone to reside abroad, received a few weeks since the following anonymous letter, in which a sovereign was enclosed. It is pleasant to be able to place it on record:—

"SIR,—Will you please to forward this sovereign to your father when you have an opportunity. About fourteen years ago he attended me in scarlet fever, and my mother, who is since dead, got in straitened circumstances, so that she was not able to settle his bill; and now I feel that I should like to make him a little recompence for his trouble, and if you will please to forward this I shall feel obliged."

Mr. Forbes-Firth's reply to Dr. Palfrey is of such a length that we cannot find space for it this week.

UNCERTIFIED CAUSES OF DEATH IN ST. PANCRAS WORKHOUSE.

THE Registrar-General has written a letter to the St. Pancras guardians, calling their attention to the fact that several deaths have lately occurred in the workhouse, the causes of which have been returned as unknown, in consequence of the alleged refusal of the resident medical officer to give that customary information to the registrar. The Registrar-General observes that he has so long been accustomed to rely on the ready co-operation of the medical profession in his endeavours to make the register of deaths as complete as possible, that he trusts the St. Pancras guardians will, if they have the power, direct their medical officer to give the necessary particulars in future cases. The letter was referred to a committee for consideration.

A Selfish Teetotaler.—We should be loth to undervalue the good which the teetotalers do when they induce a man who cannot use alcoholic liquors in moderation to become a total abstainer; but we do not approve the narrow and intolerant spirit which, because they are virtuous, would "have no more cakes and ale." It is a greater virtue, and marks a higher nature, to use temperately, and not abuse, the good things of this world than to cultivate a rigid asceticism. It is good to subdue the affections and lusts; but to root them out entirely would be to emasculate human nature. We protest in favour of the use, and against the abuse, of alcohol.

M.D. will find a full reply in another column.

A Country Practitioner.—They are elected by the freeholders of the district only, and no alteration of the laws respecting the election of coroners was made during the past session of Parliament.

Mr. W. D'Oreille.—We could not give an opinion upon the different oils without a proper analysis. Our correspondent had better take the advice of his chemist.

THE JENNER FUND.

To the Editor of THE LANCET.

SIR,—Referring to the notice which appeared in your issue of the 6th instant, as a medical man residing in the neighbourhood, I can testify to the general correctness of the report contained therein, that George Charles Jenner (son of the late Rev. G. C. Jenner, who was a physician and clergyman), living at Woodford, near Berkeley, and great nephew of the discoverer of vaccination, has been the occupant of a farm in this locality for some years; but from want of capital and other adverse circumstances has been obliged to quit his farm, and is now living with his wife (a lady by birth and education, the daughter of an army officer) and eight small children, the eldest only ten years old, in a small cottage at Woodford, near Berkeley, without the means of obtaining employment or avocation, and really dependent upon a few friends for the common necessaries of life. As the near relative of the celebrated Jenner, whose father was his actual coadjutor, it is believed that if the public generally knew of the distressed condition of this family, they would come forward with subscriptions to relieve them in their present need.

Trusting there will be a liberal response to this appeal, I am deputed by a friend to enclose a cheque for £5, and subscribe myself,

Yours obediently,

Newnham-on-Severn, Nov. 16th, 1869. JOHN STRATFORD COLLINS.

COLMAN'S BRITISH CORN-FLOUR.

UNDER the above name, Messrs. J. and J. Colman have introduced a very pure and good flour. It is what it simply professes to be—a starch-flour, having the same qualities as arrowroot. The flour is prepared from rice, is in a fine impalpable and pure white powder, and makes, with milk or eggs, or with Liebig's extract of flesh and boiling water, a delicious and wholesome food. In the hospital and sick-room, Colman's flour will, we believe, soon be thoroughly appreciated. It is admirably adapted as an article of food for infants and young children when combined with milk. As a food for infants, a dessert-spoonful of the flour is mixed with a little cold water, and added to a pint of milk and water, equal parts of each, while boiling; a little sugar is added, and, on cooling, a fluid of the consistence of cream results, which can be diluted at pleasure with water. We have satisfaction in noticing this preparation, not only on account of its sterling qualities, but in recognition of the unassuming and sensible manner in which it is introduced to the notice of the people. It has the advantage, moreover, of being an economical production.

J. P.—Our practice, from which we cannot depart, is not to furnish private answers. The individual has no right whatever to use the name of the late Dr. Marshall Hall, and the medicine with which his name is coupled is of no value whatever in the disease named.

Mr. R. N. Macpherson.—The man is a quack, and it is disgraceful that pamphlets of the kind forwarded should be distributed in the indiscriminate manner they are.

APHASIA.

To the Editor of THE LANCET.

SIR,—About a twelvemonth since I described in THE LANCET two aphasics then under my care, singularly enough mother and daughter, the former aged sixty-four years, and the latter forty-five. Since then the daughter has until very lately been troubled with very many epileptiform seizures, two or three daily occasionally; but, under general hygienic treatment and the persistent exhibition of the bromide of potassium, she has now nearly recovered, not having had a fit for six weeks, but is still more or less aphasic.

To-day (October 31st) I was hastily summoned to the mother, who, after vainly endeavouring to describe correctly what she wanted, tumbled down in an apoplectiform fit, and after remaining in a comatose state for several hours, gradually recovered consciousness. Strangely enough the partial paralysis is on the opposite side to that previously affected, and *her speech, which before was most indistinct, is now quite intelligible*, and she calls things by their proper names.

There are so many scientific and inquiring minds now devoting a great deal of attention to the above subject, that I trust you will give early insertion to the above facts, and oblige, Yours faithfully,

Cley-next-the-Sea, Norfolk, Oct. 31st, 1869. W. SUMPTER, M.D.

THE HOSPITAL AT BARBADOES.

WITH reference to a communication that we have received on the subject of the above institution, and as to the best method of hospital administration, we would say—1st. Considering that the institution is to accommodate 300 patients, that there is at this time a vacancy in the medical staff, and that the present members of that staff reside away from the hospital, and are engaged in private practice, we hold the appointment of a resident medical officer to be very desirable, in order that he should be always at hand in case of accidents, and on other occasions when his professional advice was required. We cannot coincide in the opinion that the nurses are competent to deal with cases of wounds, strangulated hernia, &c.—2nd. As to the appointment of a dispenser of medicines, this can only be decided on the spot. Would any saving be effected by it?—3rd. We do not know, but we think it probable that the services of a properly qualified man might be obtained for the stipend named.—4th. Cases of small-pox, scarlatina, yellow fever, and other infectious disorders should not, in our opinion, be treated under the same roof with surgical and ordinary medical cases, but separate provision should be made for them.

IF the correspondent who wrote to us on the 30th ult., under the signature of "Enquirer," will refer to Mr. Henry Terry, of Northampton, he will obtain the information he requires.

Mr. Green.—Tobacco in moderation is believed by some to be rather advantageous than otherwise in these days of nervous wear and tear. There is not any evidence that, even in excess, it directly produces insanity, although, of course, by producing debilitated digestion and all kinds of prostration, it may indirectly help the production of madness.

Junior Surgeon.—The symptoms mentioned by our correspondent might have followed the administration of the medicine without having been in any way caused by it. The treatment pursued appears to have been judicious. A man ninety-three or ninety-four years old is very likely to suffer from flatulence.

PROFESSIONAL ETIQUETTE AT BLANDFORD.

To the Editor of THE LANCET.

SIR,—Will you kindly give the publicity of your journal to the following:—

Two illegitimate children of one woman died, after very short illness, in my district. The first I did not see, and an inquest was held. The second I saw once; but when asked by the Coroner (W. H. Atkinson, Esq., Solicitor, Blandford) if I should certify as to the cause of death, I said, "No, I did not see sufficient cause to account for death." It was decided to have two inquests, and the foreman of the jury asked me to attend, as the jury wished me to perform a post-mortem examination. I replied that I had no instruments with me, and it would be dark before I could get them, so it had better be postponed till the next day, and the Coroner could send me a proper authorization. Instead of doing so, the Coroner sent Mr. Chas. Ingram, Surgeon, Blandford, who duly cut open my patient. Of course Mr. Ingram shelters himself behind the Coroner's order; but I cannot recognise the excuse, because if it had been at all distasteful to him, he would have called upon me, and acquainted me with the unpleasant position in which he was placed. Besides, it is not a single case for complaint; he has before seen patients of mine without communicating with me.

I remain, Sir, your obedient servant,

Milton Abbas, Blandford, Dorset, Nov. 8th, 1869. THOS. FIELDING.

Mr. Saml. E. Smith.—We should be sorry to exceed the bounds of fair criticism of Mr. Smith's mode of practice. But his letter does not alter our opinion of its character. Other medical men who have attained a name do *not* move about from town to town. There would be nothing unprofessional, however, in Mr. Smith's itinerancy. It is his constant appearance in newspapers which he must allow us to consider neither professional nor suggestive of a true reputation. We know nothing of the person to whom our correspondent alludes, and do not write on his suggestion, but on what appears in the public prints. It is of the very nature of true professional reputation to become known without recourse to this medium. Our correspondent alleges as a reason for his peculiar mode of moving about that his health will not admit of long railway journeys. That would be a reason for staying in one place like other practitioners; but, oddly enough, our correspondent is peculiar for his long journeys. Good aurists are very rare, and people think nothing of a railway journey to see them.

A. H. L., (Egremont.)—We must adhere to our rule, which is not to indicate individual medical men who might be supposed specially qualified to treat particular cases of disease. Let "A. H. L." consult any respectable practitioner in his neighbourhood.

Audax.—Our correspondent should consult a lawyer. The question between him and L.S.A. and F.A.S. is a legal, not a medical one. Whatever these initials may mean, they are not those of a physician.

THE LATE CHARGE AGAINST MR. BERRY.

To the Editor of THE LANCET.

SIR,—The remarks which appeared in your journal a few months since upon the iniquitous charge brought against me by a woman, whom I afterwards prosecuted for perjury, have been followed by numerous letters of sympathy and condolence addressed to me, not only by personal friends, but also by others to whom I am perfectly unknown. I felt bound to prosecute the wretched woman, not on personal grounds, but as a duty to the profession to which I belong, some members of which have marked their appreciation of the course I pursued by contributing to reimburse me with a portion of the heavy expenses it entailed. I have to acknowledge the receipt of the fund, amounting to £36 16s., and to offer my best thanks to the gentlemen who formed the committee for the trouble they have taken, and to the contributors for their sympathy and support.

I am, Sir, your obliged servant,

Wimbledon, November 17th, 1869. O. W. BERRY, M.R.C.S.

"A SANITARY TOUR."

DR. HEWLETT, the medical officer of health for the city of Bombay, being home on leave for the restoration of his health, has made such good use of his holiday by blending the *utile* with the *dulce*, that prior to his return to India he has been able to draw up and present to the Under-Secretary of State the very useful document bearing the title noticed above. It embodies the results of his personal investigations of the systems of sewerage, sewage disposal, and water-supply in operation in some thirty cities and towns in England and Scotland; the object in view being to ascertain which of the systems would best meet the exceptional requirements of Indian cities. Space will not permit us to do more than state that Dr. Hewlett has got together in his small pamphlet of sixty pages a large amount of information, which will be not only interesting, but exceedingly valuable to all who are concerned with sanitary matters.

Nemo has no claim on the guardians.

J. W. S.—Cannot our correspondent furnish us with a more precise statement of facts? It would not do to publish suggestions as to how the process of feeding might be accomplished.

THE TREATMENT OF A "CASUALTY PATIENT."

WE call attention to a charge which has been brought against the administration of St. Bartholomew's by Mr. Hopkins, a guardian of Clerkenwell. A man, named Wm. Clarke, had one of his fingers amputated at the hospital, and was sent out half an hour after the operation, friendless, homeless, and penniless. The night was bitterly cold, and after wandering about for some time a police officer directed him to the "Clerkenwell casual ward." The Editor of the *Echo*, in commenting on the case, asks with great force whether treatment of this sort is in accordance with the Charter under which the hospital estates are held. It appears to us that the occurrence is clearly due to a lamentable want of discrimination on the part of the surgeon who operated, and to a thoughtlessness as to the possible consequences of turning out a man under such conditions. The case affords an unanswerable argument in favour of placing the power of admission in more experienced hands.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Y. Simpson, Edinburgh; Mr. Maunder; Mr. Marshall; Dr. Marcet; Dr. Sedgwick; Mr. Farrant; Mr. Whitefield; Mr. Sharpe; Mr. Binns; Mr. Millar; Mr. Stevens, Biggleswade; Mr. Saunders, Sheffield; Mrs. Beck; Mr. Fry; Dr. Bentley; Dr. Phillips; Dr. Clapham, Devizes; Mr. Drummond; Mr. Berry, Wimbledon; Dr. Stanford, Wadebridge; Dr. McCall Anderson, Glasgow; Mr. Wallis; Mr. D'Orville, Gosport; Mr. Eastes; Mr. Hole; Mr. Davys, Powerscourt; Dr. Budd, Devonport; Mr. B. Strutt, Rothesay; Mr. F. Webber; Mr. Woodcock, Manchester; Dr. Fergus; Mr. Jenkins; Mr. Duncan; Mr. Alberto, Milan; Mr. Watkins; Mr. R. Istance, Risca; Dr. Hearne, Southampton; Mr. Hurst; Mr. Poole; Mr. J. Littlewood, Bristol; Dr. Brown, Sheffield; Dr. Thomson, Sheffield; Dr. Sullivan, Dublin; Mr. Thomas; Mr. Collins, Newnham; Mr. Williams; Dr. Little, Dublin; Mr. Monkton; Mr. Hughes; Mr. Lawson, Aldershot; Mr. Moss; Mr. Herbert; Dr. Tait, Wakefield; Mr. Alexander; Mr. White; Mr. Ward; Mr. R. Mackintosh; Dr. McIntyre, Rotherfield; Mr. Bradfield, Preston; Mr. Loring, Ripon; Mr. Kendall; Mr. Chalmers; Mr. Ryley; Mr. Seaton, Uppingham; Mr. J. Robins, Sydney; Dr. Woodifield, Birmingham; Mr. Bedell; Mr. German Reed; Mr. Fearns; Mr. Brande; Mr. Griffin, Weymouth; Mr. Newling; Mr. G. W. Smith, Buckfastleigh; Mr. Ross; Dr. Horton, Cape Coast Castle; Mr. Knight; Dr. Nelson; Mr. Cross; Dr. Donkin, Sunderland; Mr. R. Smith; Mr. Fricour, Scarborough; Mr. Pigott; Dr. Barber, Ulverstone; Mr. R. N. Macpherson; Mr. Gibson; Dr. Marsh, Littlemore; Mr. Howell; Dr. Beverley, Norwich; Dr. Hardy; Mr. Johnston; Dr. Coghill, Colombo, Ceylon; Dr. Reynolds, Pembroke; Mr. Davis; Messrs. Calvert and Co., Manchester; Dr. Meeres, Melksham; Dr. Sleightholme, Manchester; Dr. Woodward; Dr. Killett, Bilston; Mr. De Lolme; Dr. Heywood Smith; F. D.; Junior Surgeon; G. J.; A Constant Reader; M. R.; Veritas; Medicus; Nemo; D. M. R.; Etiquette; A.; H. J.; M.D., M.R.C.S.; Enquirer; W. Z.; A Country Practitioner; T. P.; R. S.; S. W. S.; M.D.; Medicus, Dublin; D. M.; A Correspondent; L.K. & Q.C.P.; Taxidermist; H. F.; A District Medical Officer; Paterfamilias; R. W.; F. K.; Veritas; Beta; Equity; A Selfish Teetotaler; &c.; &c.

Nature, Nos. I. and II., Birmingham Daily Post, Brighton Guardian, Downpatrick Recorder, Edinburgh Evening Courant, Belfast News Letter, Hertfordshire Standard, Preston Guardian, Western Daily Mercury, Melbourne Daily Telegraph, Dublin General Advertiser, Scarborough Gazette, Preston Herald, Lincoln Standard, Brighton Observer, New York Medical Gazette, Gateshead Observer, New York Medical Journal, Berrow's Worcester Journal, Camden Town Gazette, Observer, Paddington Times, Montreal Gazette, Bury Standard, Moniteur Scientifique, Report of the Isle of Man Lunatic Asylum, and *Brighton Gazette* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

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